EAMS e-Forms Participant Training
9:00 AM
Agenda

• Send attendance e-mail to EFOMRS@DIR.CA.GOV
  – Be sure to include you Uniform Assigned Name (UAN) in the email

• Introduction

• How to e-Form File

• 15 minute BREAK

• EAMS Help Desk

• The Unprocessed Document Queue (UDQ)

• Tips & Tricks from Current e-form Users

• Q&A
Website links

• Main EAMS Page
  – www.dwc.ca.gov/eams

• Uniform Assigned Name (UAN) Online Database
  – http://www.dir.ca.gov/dwc/eams/eams-lc/eams_ClaimsAdmins_Reps.htm
  – Locate the below orange bar with the hyperlinks to search the Database

Click to search claims administrators' offices or representatives' offices or lien claimants

• Public Case Information Search
  – Information
    http://www.dir.ca.gov/dwc/eams/EAMS_PublicInformationSearch.htm
  – Search https://eams.dwc.ca.gov/WebEnhancement/

• Working In EAMS Page
  http://www.dir.ca.gov/dwc/eams/EAMS_GettingReady.htm where you will find the links to the UAN and the EAMS Case Number Lookup Tool as well as other helpful guides and links
Web Case Information Access

• If you have not seen this yet, get going!

• The first place to search to prepare for your filing

• Search case information on all cases
  – Search by Case Number or Injured Worker in Public Search
  – [https://eams.dwc.ca.gov/WebEnhancement/](https://eams.dwc.ca.gov/WebEnhancement/)
  – Results include:
    • Case Participants with address (not injured worker)
    • Body Parts
    • Current WCJ, Venue (Case Location), Case Number
    • Next Hearing Date
    • Will show if there is DEU Product and if case is archived
    • Case Events
E-form Registration

- **Organization**
  - They are assigned a Uniform Assigned Name (UAN)
  - Person
    - Primary administrator in EAMS

- **User**
  - Linked by username and password to allow access to your cases’

- **Administrator and Alternate Administrator**
  - First level of support in their office
  - Authorized to make changes to the eForms agreement
Logons

• Username

• Password

• When submitting e-forms using your eFiling logon, only 1 person can be logged in at a time
Multiple methods of submitting documents

• E-forms

• OCR

• JET

  – This link has more information about the methods above
    http://www.dir.ca.gov/dwc/eams/EAMS_GettingReady.htm

• Except documents completed at District Office or otherwise specified, e.g. DOR for satellite District Office, Regular DOR if e-form filing not successful, DOR for asbestos cases
Civil Code Section 1798 Compliance

• Maintain reasonable security procedures and practices

• Promptly disclose any breach OR potential breach
  – To resident whose information was compromised
  – To DWC
Administrator and Alternate Responsibilities

• Enforce contract conditions
• Security, procedures, training and supervision
• Report and disclose actual or potential breach
• First level support
• Assist and participate with DWC
  – Help desk
  – UDQ Supervisor
  – Eforms
Uniform Assigned Names

- EAMS regulation section 10205.5 (b)
- Claims administrators’ offices
- Representatives’ offices
- Lien claimant offices
- Name = name/ physical location combination
- Assigned by DWC
- Posted on Website & updated daily
Uniform Assigned Names – cont’d

• Do not make up your own UAN
• Only use those found on the online database list
• Use for ALL case participants that have a UAN
  – LAW FIRMS
    • Including non-attorneys ~ Lien claimant representatives
  – CLAIMS ADMINISTRATORS’ OFFICES
  – LIEN CLAIMANTS

• Must list their address exactly as listed in the database

• If you do not have a UAN for an entity that is required, get it before you file – do not leave it blank

• If you have a problem with an entity registering for a UAN, email CRU@DIR.CA.GOV
Registration

- Central Registration Unit (CRU)
- **New** offices and **changes** to the office
- Preferred method of service from the WCAB
- Change in **Handling Location**
- Remember, it is not just your UAN, but also the UAN for all other such entities on the e-Form
- E-mail **CRU@DIR.CA.GOV**
- Fax 1-888-822-9309
Searching for UAN’s

Claims administrators’ offices, representatives' offices and lien claimants

Click to search claims administrators' offices or representatives' offices or lien claimants

Download tab-separated files for claims administrators' offices or representatives' offices or lien claimants

UEBTF/SIBTF office locations
OD legal office locations
Death Without Dependents Unit
CalPERS

Uniform assigned names for claims administrators’ offices, representatives’ offices and lien claimants
DWC EAMS - claims administrators' offices search

Type in search criteria

Back to claims administrators' offices, representatives' offices and lien claimants page.

The best way to search is with the 5-digit ZIP Code for the mailing address of the claims administrator's office.

Claims' administrators' search criteria

Submit Search  Clear Form

<table>
<thead>
<tr>
<th>EAMS No</th>
<th>Name</th>
<th>Addr 1</th>
<th>Addr 2</th>
<th>City</th>
<th>State</th>
<th>zip</th>
<th>Phone</th>
<th>Service</th>
<th>Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>3760076</td>
<td>ZENITH FRESNO</td>
<td>PO BOX 9055</td>
<td></td>
<td>VAN</td>
<td>NUYS</td>
<td>91409</td>
<td>(800) 508-9910</td>
<td>US Mail</td>
<td>2/19/2010 11:02:00 AM</td>
</tr>
<tr>
<td>5031245</td>
<td>ZENITH ORANGE</td>
<td>PO BOX 9055</td>
<td></td>
<td>VAN</td>
<td>NUYS</td>
<td>91409</td>
<td>(714) 705-2300</td>
<td>US Mail</td>
<td>2/19/2010 11:33:00 AM</td>
</tr>
<tr>
<td>4395865</td>
<td>ZENITH PLEASANTON</td>
<td>PO BOX 9055</td>
<td></td>
<td>VAN</td>
<td>NUYS</td>
<td>91409</td>
<td>(800) 508-9910</td>
<td>US Mail</td>
<td>2/19/2010 11:41:00 AM</td>
</tr>
<tr>
<td>4396356</td>
<td>ZENITH SACRAMENTO</td>
<td>PO BOX 9055</td>
<td></td>
<td>VAN</td>
<td>NUYS</td>
<td>91409</td>
<td>(877) 280-4701</td>
<td>Fax</td>
<td>2/19/2013 10:49:00 AM</td>
</tr>
</tbody>
</table>
DWC EAMS - representatives' offices search

Type in search criteria

Back to claims administrators' offices, representatives' offices and lien claimants page.

The best way to search is with the 5-digit ZIP Code for the mailing address of the representative's office.

List of representatives' offices

<table>
<thead>
<tr>
<th>EAMS No</th>
<th>Name</th>
<th>Address Line 1</th>
<th>Address Line 2</th>
<th>City</th>
<th>State</th>
<th>ZIP</th>
<th>Phone</th>
<th>Service</th>
<th>Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td>4225982</td>
<td>FRANCESCA HANNAN VENTURA</td>
<td>PO BOX 7062</td>
<td></td>
<td>VENTURA</td>
<td>CA</td>
<td>93008</td>
<td>(805) 844-9653</td>
<td>US Mail</td>
<td>11/3/2008 10:22:00 AM</td>
</tr>
<tr>
<td>4995983</td>
<td>HANNA BROPHY BAKERSFIELD</td>
<td>PO BOX 12488</td>
<td></td>
<td>OAKLAND</td>
<td>CA</td>
<td>94604</td>
<td>(818) 397-1210</td>
<td>US Mail</td>
<td>9/4/2012 2:15:00 PM</td>
</tr>
<tr>
<td>4538047</td>
<td>HANNA BROPHY FRESNO</td>
<td>PO BOX 12488</td>
<td></td>
<td>OAKLAND</td>
<td>CA</td>
<td>94604</td>
<td>(559) 435-9823</td>
<td>US Mail</td>
<td>8/28/2008 11:18:00 AM</td>
</tr>
<tr>
<td>4995984</td>
<td>HANNA BROPHY LOS ANGELES</td>
<td>PO BOX 12488</td>
<td></td>
<td>OAKLAND</td>
<td>CA</td>
<td>94604</td>
<td></td>
<td>US Mail</td>
<td>10/15/2012 3:26:00 PM</td>
</tr>
<tr>
<td>4435415</td>
<td>HANNA BROPHY OAKLAND</td>
<td>PO BOX 12488</td>
<td></td>
<td>OAKLAND</td>
<td>CA</td>
<td>94604</td>
<td>(510) 839-1180</td>
<td>US Mail</td>
<td>4/3/2009 9:12:00 AM</td>
</tr>
<tr>
<td>6592258</td>
<td>HANNA BROPHY ORANGE</td>
<td>PO BOX 12488</td>
<td></td>
<td>OAKLAND</td>
<td>CA</td>
<td>94604</td>
<td>(714) 594-4050</td>
<td>US Mail</td>
<td>12/17/2008 9:50:00 AM</td>
</tr>
<tr>
<td>4660719</td>
<td>HANNA BROPHY</td>
<td>PO BOX 12488</td>
<td></td>
<td>OAKLAND</td>
<td>CA</td>
<td>94604</td>
<td>(530) 223-8010</td>
<td>US Mail</td>
<td>8/26/2008 11:19:00 AM</td>
</tr>
<tr>
<td>Field</td>
<td>Information Provided</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance Carrier Name</td>
<td>ZENITH INSURANCE COMPANY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address/PO Box</td>
<td>309 HACIENDA DR STE 200</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>PLEASANTON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>CA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Zip Code (Numbers Only)</td>
<td>94588</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claims Administrator Information</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name</td>
<td>ZENITH PLEASANTON</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address/PO Box</td>
<td>PO BOX 8002</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

UAN not required here
UAN always required here
<table>
<thead>
<tr>
<th><strong>Applicant's Attorney or Authorized Representative:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Law Firm/Attorney</td>
</tr>
<tr>
<td>[ ] Non Attorney Representative</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>First Name</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Last Name</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Law Firm Number</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>10585090</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Law Firm Name</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>MARK FUDEM SANTA ROSA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Address/PO Box</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>160 PROMENADE CIR STE 300</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>City</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>SACRAMENTO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>State</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>CA</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Zipcode (Numbers Only)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>95834</td>
</tr>
</tbody>
</table>
**Defendant's Attorney or Authorized Representative:**

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>Last Name</td>
<td></td>
</tr>
<tr>
<td>Law Firm Number</td>
<td>7737609</td>
</tr>
<tr>
<td>Law Firm Name</td>
<td>HARTER LAW SACRAMENTO</td>
</tr>
<tr>
<td>Address/PO Box</td>
<td>160 PROMENADE CIR STE 300</td>
</tr>
<tr>
<td>City</td>
<td>SACRAMENTO</td>
</tr>
<tr>
<td>State</td>
<td>CA</td>
</tr>
<tr>
<td>Zipcode (Numbers Only)</td>
<td>95834</td>
</tr>
</tbody>
</table>

**Note:** UAN always required here.
S Signature

• Proper format:
  S FIRSTNAME LASTNAME
  S JOHN JONES

• Do NOT use any slashes/dashes
• Do NOT forget to type the person’s name
• No middle names, initials, titles or punctuation
S Signature – cont’d

• Only to be used on e-forms – NEVER on an OCR form

• A representatives’ office filing for the IW or lien claimant, only your S signature goes on the e-form

• Must use the S signature on the e-form

• May use on:
  – Proof of Service
  – 10770.5 Verification
  – 10770.6 Verification

• Do not use on e-form settlement documents
Wet Signature

• This is an actual signature on a document

• You CANNOT use a GIF, JPEG, digital signature or a signature stamp – it MUST be an actual signature

• Examples of where a “wet” signature is required:
  – Petitions, Objections
  – Signed OCR Settlement Documents that you scan and attach
  – Documents requiring IW or employer signature
Signatures: Two Versions

• **Version I**: Forms that require only one signature:

  • Prepare the e-Form — attach the following to the e-Form:
    – Document(s) per filing package requirements
    – Proof of Service – be sure to use proof of service document title –
      ADJ – LEGAL DOCS – PROOF OF SERVICE

• **DON’T FORGET THE S SIGNATURE ON THE FORM**

  in the format: S JOHN JONES
E-forms - S signature only

- Application for Adjudication of Claim
- Answer to Application for Adjudication of Claim
- Declaration of Readiness to Proceed
- Declaration of Readiness to Proceed - Expedited
- EDD Golden Rod – 2581
- Notice and Request for Allowance of Lien
- Petition to Terminate Liability for TD
- Request for Reimbursement of Accommodation Expense
- Request for Dispute Resolution before the AD
- Request for Summary Rating – QME
- Request for Reconsideration of Summary Rating by AD
- Request for Summary Rating Determination - PTP
Signatures: Two Versions – cont’d

**Version II**: Forms requiring two or more signatures:

- Prepare the e-form — attach the following to the e-form
  - Signed version of OCR form
  - Any additional attachments that are necessary
  - Proof of Service

Forms requiring only one signature, but not your signature?

- Use Version II
- Example: Employee’s disability questionnaire or Notice of Offer of Regular Work, which require the injured worker’s or employer’s signature
E-forms – 2 or more signatures

- Application for Subsequent Injuries Fund Benefits
- Compromise and Release
- Compromise and Release Dependency Claim
- Stipulation with Award (Death)
- Stipulations with Request for Award
- Third Party Compromise and Release
- Notice of Offer of Modified or Alternative Work
- Voucher (IW only)
- Notice of Offer of Regular Work (employer/IW only)
- Employee’s Permanent Disability Questionnaire (IW only)
- Application for Discretionary Payments from the UEBTF (IW only)
e-forms with No signature Line

• Request for Consultative Rating

• General Public Request for Information

• Unstructured e-Form
Search for your case

• Two methods to find your case

  – By EAMS Case Number

  – By Person Search
Fields marked with an asterisk (*) are required.
Enter your username and password to log in.

Username: **USERNAME**

Password: ********

Login
Search by EAMS Case Number

Enter the EAMS ADJ Case Number

Then Click Search
If you are not a case participant, you will get this message
If you are a case participant, you will receive these search results.

<table>
<thead>
<tr>
<th>Case Number</th>
<th>Injured Worker</th>
<th>Date Of Injury</th>
<th>Case Type</th>
<th>Date Opened</th>
<th>Status</th>
<th>Archived</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADJ1385094</td>
<td>EDWARD SPAGHETTI</td>
<td></td>
<td>Product Delivery</td>
<td>8/28/2018</td>
<td>Inactive</td>
<td>Active - Not archived</td>
</tr>
</tbody>
</table>

Click on the ADJ Case Number to see case information

See Reference Guide for steps to take if this field says “Archived”
### Adjudication Product Delivery Home: ADJH1385094

#### Manage
- Hearing Case
- Restore to Inactive
- Close Case
- Inactivate Case
- Add Applicant
- Add Defendant
- Reject DOR
- Transmit To Recon
- Transmit to DO: Judge Action Required
- Transmit to DO: No Judge Action Required
- Fileret Documents
- Create APP Case

#### Case Details
- Product Name: ADJ - DWC District Office
- Primary Client: EDWARD SPAGHETTI
- Start Date: 8/26/2018
- Priority: High
- Occupation: SYS/EMS [Change]
- Occupation Code: No
- Owner: No
- Pro Per: No
- Master Case: No
- Case Reference: ADJH1385094
- Legacy Case ID: Inactive
- Status: Inactive
- Cause Of Injury: SAC-ADU [Change]
- Location: No
- Related Cases: No
- Date Of Settlement: No

#### Applicant and Defendant

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Role</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>HARITER LAW SACRAMENTO</td>
<td>Law Firm</td>
<td>Delete</td>
</tr>
<tr>
<td>EDWARD SPAGHETTI</td>
<td>Injured Worker</td>
<td>Delete</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Defendant</th>
<th>Role</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>SYSTEM TEST</td>
<td>Uninsured Employer</td>
<td>Delete</td>
</tr>
</tbody>
</table>

#### Applicant Dispute Details
- Earnings: No

#### Defendant Dispute Details
- Earnings: No
Search by person

• Three search methods:
  
  – By Alternate ID – generally SSN
  
  – By Name alone – best if by name and DOB
  
  – By EAMS Reference Number (ERN)
Search by person

Click on the Magnifying Glass
Search by person – by Alternate ID (SSN)

1-Click on drop down arrow
2- Select Social Security Number
3-Enter SSN
4-Click on search
Then click on Select
Then click on Search
1. Then click on Search

2. If you are not a case participant, you will get this message
If you are a case participant, you will receive these search results. Click on the ADJ Case Number to see case information. See Reference Guide for steps to take if this field says “Archived.”
**Adjudication Product Delivery Home: ADJ1385094**

### Manage
- **Hearing Case**: Inactivate Case
- **Restore to Inactive**: Add Applicant
- **Close Case**: Add Defendant
- **Reject DOR**: Transmit to DO: No Judge Action Required
- **Transmit To Recon**: Transmit to DO: Judge Action Required
- **Transmit to DO**: Fileset Documents
- **Create APP Case**: Create APP Case

### Case Details
- **Product Name**: ADJ - DWC District Office
- **Primary Client**: EDWARD SPAGHETTI
- **Start Date**: 8/28/2018
- **Priority**: High
- **Owner**: SYSEAMS [Change]...
- **Occupation Code**: No
- **Lien**: No
- **Pro Per**: No
- **Master Case**: No
- **Case Reference**: ADJ1385094
- **Legacy Case ID**: Inactive
- **Status**: Inactive
- **End Date**: SAC.ADJ [Change]
- **Location**: SAC.ADJ [Change]
- **Related Cases**: No
- **Date Of Settlement**: No

### Applicant and Defendant

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Role</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>HARTER LAW SACRAMENTO</td>
<td>Law Firm</td>
<td>Delete</td>
</tr>
<tr>
<td>EDWARD SPAGHETTI</td>
<td>Injured Worker</td>
<td>Delete</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Defendant</th>
<th>Role</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>SYSTEM TEST</td>
<td>Uninsured Employer</td>
<td>Delete</td>
</tr>
</tbody>
</table>

### Applicant Details
- **Earnings**: No

### Defendant Details
- **Earnings**: No
Search by person

Click on the Magnifying Glass
Search by person – by Name

Enter the person’s last name and first name

Then click on Search
Here, we entered the DOB with a last and first name to better refine our search.

Then click on Select.
Then click on Search
If you are a case participant, you will receive these search results.

Click on the ADJ Case Number to see case information.

See Reference Guide for steps to take if this field says “Archived”.
BREAK TIME

• PLEASE RETURN AT:

00:00 AM

• If you received a mandatory invitation to attend today’s webinar, please send your attendance email to:
  – eforms@dir.ca.gov
  – Include your UAN
Filing e-forms
Fields marked with an asterisk (*) are required.
Enter your username and password to log in.

Username: 
Password: 

Login Page

This site requires JRE 1.6.0 or higher
This site is best viewed with Microsoft Internet Explorer 6.0+
Click on Workspace

<table>
<thead>
<tr>
<th>Case Number</th>
<th>Injured Worker</th>
<th>Date Of Injury</th>
<th>Case Type</th>
<th>Date Opened</th>
<th>Status</th>
<th>Archived</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADJ11385094</td>
<td>EDWARD SPAGHETTI</td>
<td></td>
<td>Product Delivery</td>
<td>8/28/2018</td>
<td>Inactive</td>
<td>Active - Not archived</td>
</tr>
</tbody>
</table>
Click on the “>>” to open the Shortcuts
External Home Page = eForms link
## e-Forms Page

### E-Forms:

<table>
<thead>
<tr>
<th>Adjudication</th>
<th>Return To Work/Supplemental Job Displacement</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPLICATION FOR ADJUDICATION</td>
<td>DWC-AD-10005 (RTW) REQUEST FOR REIMBURSEMENT OF ACCOMMODATION EXPENSE</td>
</tr>
<tr>
<td>ANSWER TO APPLICATION FOR ADJUDICATION OF CLAIM</td>
<td>DWC-AD-10133.53 (SJDB) NOTICE OF OFFER OF MODIFIED OR ALTERNATIVE WORK</td>
</tr>
<tr>
<td>APPLICATION FOR SUBSEQUENT INJURIES FUND BENEFITS</td>
<td>DWC-AD-10133.55 (SJDB) REQUEST FOR DISPUTE RESOLUTION BEFORE THE ADMINISTRATIVE DIRECTOR</td>
</tr>
<tr>
<td>COMPROMISE RELEASE</td>
<td>DWC-AD-10133.57 (SJDB) VOUCHER</td>
</tr>
<tr>
<td>COMPROMISE RELEASE DEPENDENCY CLAIM</td>
<td>NOTICE OF OFFER OF REGULAR WORK</td>
</tr>
<tr>
<td>DECLARATION OF READINESS TO PROCEED</td>
<td></td>
</tr>
<tr>
<td>DOR EXPEDITED TRIAL</td>
<td></td>
</tr>
<tr>
<td>GOLDEN ROD LIEN FORM (DE2581)</td>
<td></td>
</tr>
<tr>
<td>NOTICE AND REQUEST FOR ALLOWANCE OF LIEN</td>
<td></td>
</tr>
<tr>
<td>PETITION TO TERMINATE LIABILITY FOR TEMPORARY DISABILITY INDEMNITY</td>
<td></td>
</tr>
<tr>
<td>STIPULATION WITH AWARD(Death)</td>
<td></td>
</tr>
<tr>
<td>STIPULATIONS WITH REQUEST FOR AWARD DOI pre 1-1-2013</td>
<td></td>
</tr>
<tr>
<td>STIPULATIONS WITH REQUEST FOR AWARD DOI post 1-1-2013</td>
<td></td>
</tr>
</tbody>
</table>
STATE OF CALIFORNIA
DWC DISTRICT OFFICE
E-COVER SHEET

REQUIRED FIELDS SHOWN BY "***"

Is this a new Case?* Yes ☐ No ☐ Location: 
Companion Cases Exist ☐ 
More than 15 Companion Cases ☐ 

Date: (MM/DD/YYYY) 

Case Number:* 

SSN(Numbers Only) 

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY) 

Body Part 1: 
Body Part 2: 
Body Part 3: 
Body Part 4: 
Other Body Parts: 

Please check unit to be filed on (check only one box)*

☐ ADJ ☐ DEU ☐ SIF ☐ UEF ☐ SAU ☐ INT ☐ RSU

Companion Cases

Case 1: 

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY) 

Body Part 1: 
Body Part 2:
**e-forms: DEU 101 and DEU 100**

DEU-101 (Request for Summary Rating Determination) and DEU-100 (Employee’s Disability Questionnaire) are in “one” e-form.

[Image of e-forms and shortcuts in a system interface]
e-forms: Social Security Number

SSN – NOT a required field – but use it on case opening documents if you have it. Do not enter the dashes, just numbers
e-forms: Date Format

Dates MUST be in MM/DD/YYYY format – with leading “0” when a single digit month or day
e-forms: No Companion Cases

- If there are no companion cases, fill out Coversheet 1 and then click on Form 1
e-forms: Venue Location

When filling out Form 1 (page 1) of the Application for Adjudication of Claim, C&R, or Stips the ZIP Code determines the Venue.

Venue Choice is based upon:
- County of residence of employee (Labor Code section 5501.5(a)(1) or (d))
- County where injury occurred (Labor Code section 5501.5(a)(2) or (d))
- County of principal place of business of employee’s attorney (Labor Code section 5501.5(a)(3) or (d))

* Enter the zipcode for the venue choice designated above, and then tab to Hearing Location Field and choose the corresponding Hearing Location Code.
Unstructured e-form

*Do NOT* prepare an OCR Document Coversheet and/or Document Separator Sheets and scan them with the unstructured document you are submitting.
Unstructured e-form

Master Case Number*: ADJ1234567
Enter Companion Case Number: 
Companion Case Number: 
Case Type*: --select-- ▼
Document Type*: --select-- ▼
Document Title*: --select-- ▼
Lien Reservation Number: 
Author: 
Document Date: (mm/dd/yyyy)
File Upload*: 
Attachment

After you click “ADD” the companion case number(s) moves to this field
Enter ONLY Case Numbers Here – Do NOT enter IW name – this is where you add companion case number(s)

If it is a document your office prepared, enter your UAN; if a medical report, the practitioner’s name; if subpoenaed records, the name of the facility; if it is a document from a claims administrator office, their UAN; if it is a document from an employer, the employer’s name; if it is a document from an entity with a UAN, their UAN
Unstructured e-form – con’t

Master Case Number*: ADJ1234567
Enter Companion Case Number: 
ADD

Companion Case Number: 
伴有案例编号 ADJ3456789
DELETE

Case Type*: ADJ

Document Type*: LEGAL DOCS
(You must select Case Type before selecting Doc Type)

Document Title*: PETITION FOR JOIN
(You must select Doc Type before selecting Doc Title)

Lien Reservation Number: 

Author: JOE SMITH OAKLAND

Document Date: 03/01/2017 (mm/dd/yyyy)

File Upload*: 
Browse
Attachment
Unstructured e-form - Select File to Attach

Choose file

- Look in: My Documents
  - My Music
  - My Pictures
  - My Videos
  - PETITION FOR JOINDER.pdf

File name: PETITION FOR JOINDER.pdf
Files of type: All Files (*)

Open

Document Title*: (You must select Doc Type before selecting Doc Title)
Author: JOE SMITH OAKLAND
Document Date: 10/07/2008 (mm/dd/yyyy)
File Upload*: Browse...
Attachment
Close
Master Case Number*: ADJ1234567
Enter Companion Case Number: 
Companion Case Number: ADJ3456789
Case Type*: ADJ
Document Type*: LEGAL DOCs
(You must select Case Type before selecting Doc Type)
Document Title*: PETITION FOR JOINDER
(You must select Doc Type before selecting Doc Title)
Lien Reservation Number: 
Author: JOE SMITH OAKLAND
Document Date: 03/01/2017 (mm/dd/yyyy)
File Upload*: C:\Users\cassandra Ortiz\Attachment
Unstructured e-form - Ready to Submit

Master Case Number*: [Field]

Case Reference: [Field]

Enter Case Reference: [Field] ADD DELETE

Case Type*: [Select]

Document Type*: (You must select Case Type before selecting Doc Type) [Select]

Document Title*: (You must select Doc Type before selecting Doc Title) [Select]

Author: [Field]

Document Date: [Field] (mm/dd/yyyy)

File Upload*: [Attach] [Browse...]

<table>
<thead>
<tr>
<th>Master Case Reference</th>
<th>Case ID</th>
<th>Case Type</th>
<th>Document Type</th>
<th>Document Title</th>
<th>File Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADJ123456789</td>
<td>ADJ</td>
<td>LEGAL DOCS</td>
<td>PETITION FOR JOINDER</td>
<td>C:\Documents and Settings\charles ellison\My Documents\PETITION FOR JOINDER.pdf</td>
<td>Delete</td>
</tr>
</tbody>
</table>

Submit
e-forms: Errors

If you enter a future date in a required field, or fail to enter information in a required field you will receive an error message when you click Submit. Click OK and you will be redirected to the specific field to fix the error. HOWEVER, if you misspell names, addresses, etc. in a required field – your document will go to the Unprocessed Document Queue (UDQ) where DWC staff will research what went wrong.
e-forms: Document Service

• If you have to serve documents to other parties, you will need to print your e-form.

• Use the “print PDF” function on the form to print all at once and/or save to your hard drive

• You only need to print the pages where you have filled in data

• PRINT BEFORE YOU CLICK SUBMIT
Batch ID - Success!

Submission of this eform through EAMS constitutes service upon any internal DWC unit.

Batch ID: 1140
Date: 10/07/2008 04:14:17
OK
View Your Documents in FileNet

There are 2 ways to access FileNet

- **Option 1.**
  - Open the ADJ Home Page
  - Click on “Filenet Document” link in the upper right corner

- **Option 2.**
  - Click on “Related Cases” tab in the upper right – this opens the INT Home Page
  - Click on the case Integrate Case, then scroll down to the Case Documents Section
    - Click on the INITIALS – “ADJ” (if you click on the case number just below it, you will go back to the ADJ Home Page)
  - FileNet opens – follow the directions in the Reference Guide on how to best view the documents
To open the document either click on the Title to view in a new tab or window or right click on the Title to download the document.
Enter the EAMS ADJ Case Number

Then Click Search
Click on the ADJ Case Number to see case information
2 ways to access FileNet

Click on "FileNet Documents"
Click on "Related Cases" tab
Access FileNet - INT Home Page

Click on “INT”
Click on “ADJ”
## Actions Menu

<table>
<thead>
<tr>
<th>Title</th>
<th>Doc Title</th>
<th>Doc Type</th>
<th>Doc Status</th>
<th>Admitted</th>
<th>Admitted Prop ID</th>
<th>Proponent</th>
<th>Author</th>
<th>Operator Id</th>
<th>EAMS Doc ID</th>
<th>Doc Date</th>
<th>Doc Entry Date</th>
<th>Received Date</th>
<th>Priority Flag</th>
</tr>
</thead>
<tbody>
<tr>
<td>127</td>
<td>REQUEST FOR ORDER TAKING OFF CALENDAR</td>
<td>REQUEST FOR ORDER TAKING OFF CALENDAR</td>
<td>LEGAL DOCS</td>
<td>PUBLIC</td>
<td></td>
<td>ALAN FREEMAN CYNARD</td>
<td>MARISOL HALVARD</td>
<td>48761432</td>
<td>6/13/13 1:00 AM</td>
<td>6/19/13 1:00 AM</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>128</td>
<td>COVER SHEET</td>
<td>COVER SHEET</td>
<td>MISC</td>
<td>PUBLIC</td>
<td></td>
<td></td>
<td>MARISOL HALVARD</td>
<td>48761431</td>
<td>6/13/13 1:00 AM</td>
<td>6/19/13 1:00 AM</td>
<td>NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>129</td>
<td>DECLARATION OF READINESS TO PROCEED</td>
<td>DECLARATION OF READINESS TO PROCEED</td>
<td>LEGAL DOCS</td>
<td></td>
<td>kathy patterson</td>
<td>kathy patterson</td>
<td>10219130</td>
<td>6/15/13 6:21 AM</td>
<td>6/17/13 8:00 AM</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>130</td>
<td>NOTICE AND REQUEST FOR ALLOWANCE OF LIEN</td>
<td>NOTICE AND REQUEST FOR ALLOWANCE OF LIEN</td>
<td>LIENS AND BILLS</td>
<td></td>
<td>ORTIZCASANDRA</td>
<td>ORTIZCASANDRA</td>
<td>10194051</td>
<td>5/21/13 12:00 PM</td>
<td>5/21/13 1:59 PM</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>131</td>
<td>Confirmation of lien filing fee in June 2004.doc</td>
<td>CONFIRMATION OF PAYMENT 2004-2006</td>
<td>LEGAL DOCS</td>
<td></td>
<td>JOEL HARTER</td>
<td>kathy patterson</td>
<td>99761166</td>
<td>4/5/13 12:00 AM</td>
<td>4/8/13 8:00 AM</td>
<td>NO</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Attachments

• Do not file the following separately. Scan them in together as a single document/attachment

  – Benefit Notices – you can separate TTD from PD notices
  – Explanation of Benefits (EOBs)
  – L C 4906(h) statements
  – Medical Management Reports
  – Physical Therapy Notes
  – PR-2 Reports
Attachments to an e-form

• If you are submitting an e-form that will have attachments:

  Use the Attachment link at the top of the page

• Do not submit the e-form and then fill out an unstructured e-form
Case Number

• Biggest problem – sloppy typing – especially on the unstructured e-form

• ADJ case numbers NEVER have a zero for the first digit

• Do NOT put “ADJ” in front of the Legacy Case Number

• Do NOT enter both the ADJ and Legacy Case Number
  – Example: do NOT put the EAMS ADJ number in the main case field and the corresponding Legacy case number in the companion case field – they are the same case
### Uploaded Documents

<table>
<thead>
<tr>
<th>Master Case Reference</th>
<th>Case ID</th>
<th>Case Type</th>
<th>Document Type</th>
<th>Document Title</th>
<th>File Name</th>
<th>Delete</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADJ1234567</td>
<td>ADJ</td>
<td>MEDICAL</td>
<td>DOCs</td>
<td>AME REPORTS</td>
<td>C:\Documents and Settings\Charles Ellison\Desktop\Smith AME 10-1-09.doc</td>
<td></td>
</tr>
<tr>
<td>ADJ1234567</td>
<td>ADJ</td>
<td>MEDICAL</td>
<td>DOCs</td>
<td>AME REPORTS</td>
<td>C:\Documents and Settings\Charles Ellison\Desktop\Smith Supplemental AME 11-1-09.doc</td>
<td></td>
</tr>
<tr>
<td>ADJ1234567</td>
<td>ADJ</td>
<td>MEDICAL</td>
<td>DOCs</td>
<td>TREATING PHYSICIAN</td>
<td>C:\Documents and Settings\Charles Ellison\Desktop\Jones PR 2c 9-1-07 Item 4-1-09.doc</td>
<td></td>
</tr>
<tr>
<td>ADJ1234567</td>
<td>ADJ</td>
<td>MEDICAL</td>
<td>DOCs</td>
<td>P &amp; S REPORT</td>
<td>C:\Documents and Settings\Charles Ellison\Desktop\Jones P&amp;S 6-1-09.doc</td>
<td></td>
</tr>
</tbody>
</table>
### EAMS - Electronic Adjudication Management System

**Master Case Number**: 
**Enter Case Reference**: 
**Case Reference**: 
**Case Type**: 
**Document Type**: *(You must select Case Type before selecting Doc Type)* 
**Document Title**: *(You must select Doc Type before selecting Doc Title)* 
**Author**: 
**Document Date**: 
**File Upload**: 

#### Uploaded Documents

<table>
<thead>
<tr>
<th>Master Case Reference</th>
<th>Case ID</th>
<th>Case Type</th>
<th>Document Type</th>
<th>Document Title</th>
<th>File Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADJ1234567</td>
<td>ADJ</td>
<td>MEDICAL DOCS</td>
<td>AME REPORTS</td>
<td>C:\Documents and Settings\Charles Ellison\Desktop\Smith AME 10-1-09.doc</td>
<td></td>
</tr>
<tr>
<td>ADJ1234567</td>
<td>ADJ</td>
<td>MEDICAL DOCS</td>
<td>AME REPORTS</td>
<td>C:\Documents and Settings\Charles Ellison\Desktop\Smith Supplemental AME 11-1-09.doc</td>
<td></td>
</tr>
<tr>
<td>ADJ1234657</td>
<td>ADJ</td>
<td>MEDICAL DOCS</td>
<td>TREATING PHYSICIAN</td>
<td>C:\Documents and Settings\Charles Ellison\Desktop\Jones PR-2s 9-1-07 thru 4-1-09.doc</td>
<td></td>
</tr>
<tr>
<td>ADJ1234567</td>
<td>ADJ</td>
<td>MEDICAL DOCS</td>
<td>P &amp; S REPORT</td>
<td>C:\Documents and Settings\Charles Ellison\Desktop\Jones P&amp;S 6-1-09.doc</td>
<td></td>
</tr>
</tbody>
</table>

**Submit**
Companion Cases

• Do NOT select the radio button “Companion Cases Exist” nor enter any companion case numbers for:

  – Application for adjudication of claim
  – Amended application for adjudication of claim
  – Answers
  – Case opening settlement documents
  – Lien claims
Doc Titles

• Use the correct document titles
• Refer to the Doc Type and Title list found on the e-forms website
  http://www.dir.ca.gov/dwc/eams/EAMS_EformsFilers.html

Resources:
  • E-form Filing Reference Guide - December 2013
  • Document titles list - June 2017
  Note to e-form participants: Use ONLY the document titles found on this list

• Never use Exhibit or Evidence Doc Titles
• Scanned settlement documents use ONLY
  ADJ – LEGAL DOCS – COMPROMISE AND RELEASE-SIGNED
  OR
  ADJ – LEGAL DOCS – STIPULATIONS WITH REQUEST FOR AWARD-SIGNED

*even if you are doing a walk-through of the settlement, the document coversheet is where you select “walk-through” “Yes”
Duplicate Filing

• If you don’t see the document in FileNet after the next batch run (~ 2 hours), **WAIT**, check the next morning

• If it still is not there, **email the EAMSHelpDesk**
  – IW name & DOB, Batch ID #, UAN – EAMS case number if used
  – **DO NOT REFILE**

• If told it is in the UDQ, **WAIT** for the email from the UDQ Operator – **DO NOT REFILE**
  – UDQ Operator may have to un-archive a case
  – May fix the problem and reprocess
  – Will email you with the problems
Duplicate Filing – cont.

• You have emailed the EAMSHelpDesk…

• If told it is **not** in the UDQ, e-mail the UDQ supervisor, *put UDQ SUPERVISOR in the subject line to get assistance* and remember include the batch ID in the body of the e-mail

  ➤ **EFORMS@DIR.CA.GOV**

• Include the Batch ID, IW Name and DOB, the type of document, the EAMS case number from the Document Coversheet you filed (incorrect case number may have been entered)
  – The supervisor will e-mail you with further instructions.
  – **DO NOT REFILE** unless the e-mail says they were deleted
Duplicate Filing – cont.

• Right after you click “Submit” you realized you made a mistake

• E-mail UDQ supervisor with
  – IW Name
  – Batch ID
  – Case Number
  – Document type
  – **DO NOT REFILE**

• If the Batch processed successfully, the documents may need to be deleted

• Either way, **DO NOT REFILE** – wait for an e-mail
Fields

• If there is no information to enter in a field, **LEAVE IT BLANK**

• For example:
  – SSN – if not listing, do NOT type “NONE”
  – New case – in the case number field do NOT type “UNASSIGNED”
  – Self-insured employer – in the insurance company name do NOT type “NONE” or “SELF-INSURED”

**LEAVE IT BLANK**
Filing Date

• As you know, if you submit a batch after 5:00 p.m., or on a holiday or Saturday, assuming it is successful, the filing date is on the next DWC business day
Labeling your Documents

• **Do not** use “EXHIBIT”, “EVIDENCE” “APPLICANT 1” etc.

• Abbreviations
  – They must make sense to anyone reading it
  – “LSSPOFS” or “A273458353.pdf” is not clear
  – Some you cannot abbreviate to make sense to everyone
  – For Example:
    • Signed C&R     Compromise and Release
    • Signed Stips   Stipulations with Request for Award
    • NOR           Notice of Representation
    • Pet 5710      Petition for LC Section 5710 attorney’s fee
    • Pet Recon     Petition for Reconsideration
    • Answer-Recon  Answer to Petition for Reconsideration
    • Smith AME 1/4/9  Dr. Smith’s AME report of 01/04/2009
    • POS            Proof of Service
    • PD Notice     Permanent Disability Notice
    • Wage Stmt     Wage Statement
Non-mandatory fields

• Filling in just the marked “mandatory” fields is not enough

• Just because it is not mandatory does not mean that the information is to be left out – just as it was pre-EAMS, you need to fill in all the information available in order for the form to be complete

• The e-form settlement document fields need to mirror or match the fields on the scanned in signed settlement document
OCR Documents

• Do **not** attach the corresponding OCR form to your e-form
  – Exceptions:
    – Settlement Documents
    – Death Application

• Do **not** prepare OCR Coversheets and Separator Sheets for unstructured documents. The Unstructured e-form takes care of this
Proof of Service

• Use the correct format in the upper left hand corner:

• Your proof of service requires the following in the upper left hand corner:
  o Uniform Assigned Name
  o EAMS Administrator’s Name
  o EAMS Administrator’s Phone – Direct or with Extension
  o EAMS Administrator’s Email

  – See instructions in the Reference Guide
Proof of Service – cont’d

• If attaching a list of the case participants you are serving, make it an additional page of the proof of service and scan all the pages together so you only have one document
Reprocessed Batch

• You receive an e-mail that says “Your batch has been reprocessed”
  
  – This means that the UDQ Operator FIXED what was wrong that caused the batch to err to the UDQ and has re-submitted it
  
  – After the next batch run, check to see if the document(s) are in FileNet
    • If not, **DO NOT REFILE**
    • Email the UDQ Operator for follow-up
Self-Insured Employers

• In the Employer section, select the radio button “Self Insured”

• Do not enter anything in the Insurance Company section on the form – **LEAVE IT BLANK**

• You **MUST** enter the Claims Administrators’ Office UAN and address
  – If they self administer their claims, enter their UAN and address
  – If they use a TPA, enter the TPA’s UAN and address
Form Specifics

• Get your forms and form packages correct
• Use the reference guide for instructions
  – http://www.dir.ca.gov/dwc/eams/EAMS_EformsFilers.html

Resources:

• E-form Filing Reference Guide - December 2013
• Document titles list - June 2017

Note to e-form participants: Use ONLY the document titles found on this list

• Print out and keep a copy of blank e-forms for reference so you know what information to gather
• Make a checklist of attachments for each type of e-forms packet
Application form package

- **Application for Adjudication of Claim e-form**
  - All filers

- **4906(h) – ADJ-LEGAL DOCS-4906(h) DECLARATION**
  - If filed by Representative for IW only add:
    - **Fee Disclosure Stmt** – ADJ-LEGAL DOCS-FEE DISCLOSURE STATEMENT
    - **Venue Authorization** – ADJ-LEGAL DOCS-VENUE VERIFICATION

  - If filed by/on behalf of Lien Claimant add
    - **10770.5 Verification** – ADJ-LEGAL DOCS-10770.5 VERIFICATION

  - All Filers add
    - **Proof of Service** – ADJ-LEGAL DOCS-PROOF OF SERVICE
DOR form package

• **Declaration of Readiness to Proceed e-form**

• **Medical Report** – file one, select from below:
  • ADJ-MEDICAL DOCS-QME
  • ADJ-MEDICAL DOCS-AME
  • ADJ-MEDICAL DOCS-P & S REPORT
  • ADJ-MEDICAL DOCS-TREATING PHYSICIAN
  • If the issue is non-medical, attach one document addressing the issue using ADJ – MISC – CORRESPONDENCE-OTHER

  – If filed by/on behalf of Lien Claimant add
  • **10770.6 Verification** – ADJ-LEGAL DOCS-10770.6 VERIFICATION

• **Proof of Service (all filers)** – ADJ-LEGAL DOCS-PROOF OF SERVICE
Lien form package

- **Notice and Request for Allowance of Lien e-form**
- **10770.5 Verification**
- **Proof of Service**
- **4903.8(d) OR 4903.8(a)(b)**
- **Original Bill**

File the itemized statement of charges with the lien. Remember to serve the other parties all documents.
Lien form package updates

• All lien submissions must include an Original Bill
• Medical liens filed on or after 1/1/2017 that require payment of lien filing fee must provide additional information in the lien form
  – Rendering provider information
  – Billing provider information
  – Declaration under Labor Code Section 4903.05(c)

• first section must be filled out; additional sections to be used only for additional providers
Lien eform changes

NOTE: ORIGINAL BILL AND ITEMIZED STATEMENT JUSTIFYING THE LIEN MUST BE ATTACHED

Provider Information (Completion of this section is required if filing a lien under Labor Code section 4903(b).)

<table>
<thead>
<tr>
<th>Provider Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Provider Type</td>
</tr>
<tr>
<td>Rendering Provider's Name</td>
</tr>
<tr>
<td>Rendering Provider's NPI</td>
</tr>
<tr>
<td>Rendering Provider's License/Cert No</td>
</tr>
<tr>
<td>Billing Provider's Name</td>
</tr>
<tr>
<td>Billing Provider's NPI</td>
</tr>
<tr>
<td>Initial Date of Service</td>
</tr>
</tbody>
</table>

Declaration pursuant to Labor Code section 4903.05(c). (Completion of this section is required if filing a lien under Labor Code section 4903(b).)

I declare under penalty of perjury under the laws of the State of California that the Lien Claimant is a provider or proper assignee of the provider and the following is true and correct:

- The dispute that is the subject of this lien is not subject to independent medical review and independent bill review; and

The Provider:  

<table>
<thead>
<tr>
<th>(Signature of Lien Claimant)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/12/2017</td>
</tr>
<tr>
<td>(MM/DD/YYYY)</td>
</tr>
</tbody>
</table>
Lien updates

- Medical liens filed between 1/1/2013 and 12/31/2016 must file a 4903.05(c) Declaration by 7/1/2017

  - New eform created: SUPPLEMENTAL LIEN FORM AND SECTION 4903.05(c) DECLARATION

    - (must include the lien reservation number)
    - Tool tips in each field to help
    - First provider section must be filled out
    - Additional sections to be used only for additional providers
Ratings

• Pro Per (unrepresented)
  Use only these e-forms:
  
  – EMPLOYEE’S PERMANENT DISABILITY QUESTIONNAIRE AND REQUEST FOR SUMMARY RATING-QME REPORT
  or
  – REQUEST FOR SUMMARY RATING DETERMINATION-PRIMARY TREATING PHYSICIAN REPORT

• If you do not have an DEU case number, file it as a NEW CASE

• If you attach a proof of service use the attachment link on the e-form and use DEU-MISC–PROOF OF SERVICE
Ratings – cont.

• Represented IW
  – Use DEU Prefix even if DEU PDU does not exist – Guide page 54-55
  Use only this e-form:
• REQUEST FOR CONSULTATIVE RATING

• When you attach a proof of service use the attachment link on the e-form and use DEU-MISC–PROOF OF SERVICE
Supplemental Job Displacement Benefits (SJDB) Request for Dispute Resolution Before Administrative Director

- Use RSU Prefix even if this RSU product does not exist (no for case opening)

Form Package:

- RSU-SUPPORTING DOCUMENT-MEDICAL REPORT
- RSU-SUPPORTING DOCUMENT-VRTWC REPORT (PHYSICIAN’S RETURN TO WORK & VOUCHER REPORT)
- RSU-OTHER-OTHER CORRESPONDENCE (copy of settlement and order)
- RSU-OTHER-OTHER CORRESPONDENCE (NOTICE OF OFFER OF REG MOD OR ALTERNATIVE WORK)
- RSU-OTHER-PROOF OF SERVICE *OCR form has POS however, this Eform doesn’t (you can still use the OCR page 4 POS if you modify to include your Eform information)
Optional form Package:
• RSU-NON-FORM CORRESPONDENCE-LETTER
• RSU-SUPPORTING DOCUMENT-JOB DESCRIPTION
• RSU-SUPPORTING DOCUMENT-POSITION STATEMENT
• RSU-SUPPORTING DOCUMENT SCHOOL & VRTWC INVOICES
• RSU-OTHER-OTHER CORRESPONDENCE (SJDB VOUCHER SIGNED)

*For questions regarding status? Email DWCSJDBinquiries@dir.ca.gov
EAMS Help Desk
Contacting the EAMS Help Desk

• e-filers* contact EAMS Help Desk when you have question(s)/problem(s)

• Preferred method of contact is:
  1) Send an e-mail to EAMSHelpDesk@DIR.CA.GOV
  2) Call the Call Center at 1-888-771-3267
    Hours: 8 a.m. to 5 p.m.

• e-mails after 5 p.m. may be handled the next business day

• *NOTE: Only the primary administrator or alternate administrator may contact the EAMSHelpDesk
e-form Submission

• Completion of e-form submission will generate a batch ID#
• Print batch ID# and keep it for future reference
• Verify next day to see if your e-form was successfully submitted in case
• Don’t see it?
• E-mail EAMSHelpDesk@DIR.CA.GOV with the submitted information so we can research what happened to the e-form – remember, only the primary or alternate administrator can e-mail the EAMSHelpDesk

(Please include Batch ID #, case #, IW’s name, and type of e-form submitted, screenshots, when appropriate, and your contact information including your UAN)
Problem Solving in EAMS

- If EAMS experts are unable to determine the problem after researching it, the issue will be submitted to “issue tracker”
- What is issue tracker?
  - Additional team of EAMS experts who investigate and resolve issues
  - Issue tracker ID# will be given to external user as a reference number to track status
  - Upon response from issue tracker, external user will be contacted and notified of outcome
Problem Solving Chain of Command

1) Contact EAMSHelpDesk
2) EAMS Expert Elevates issue to VEST (Issue Tracker given to EXT User)
3) VEST to determine reason for problem/error
4) EAMS Expert to communicate resolution to Ext User
Helpful Hints

• Take screenshots of error messages

• How? **ALT + Print Screen** then save into a Word document and attach to your e-mail for EAMS Help Desk to view and possibly submit to issue tracker

• 15 minutes of **inactivity** on EAMS will time you out

• 30 minutes of **inactivity** on e-form will time you out and you will have to start e-form again
e-form Filer Partnership

• Patience and teamwork

• e-form participants help find potential bugs

• Thank you!
The UDQ
What’s the UDQ?

- Unprocessed document queue (UDQ)
- Where forms with mistakes end up
- Processed centrally
- Currently have three (3) UDQ Operators
Staying out of the UDQ

• Review your case in EAMS to get all information needed to file your document BEFORE you file it – check for correct spellings, addresses and dates

• If you are a case participant and cannot see your case in EAMS, e-mail the EAMS Help Desk before you file your document

• Please use the EAMS case number, not the legacy case number on your documents. Use the case number lookup tool on the Web site.
Staying out of the UDQ

• Don’t check a box/radio button unless you mean it—you cannot uncheck it, you must exit and start from scratch

• Leave fields blank where they do not apply: If there is no applicant or defense attorney, leave the fields blank. Do **NOT** type N/A, NONE, IN PRO PER or anything else in the field

• If filing a case opening document, application, C&R, Stips, do **NOT** type "unassigned" in the case number field: Leave it blank; when filing new or amended applications, answers, liens do **NOT** include companion case numbers on the Cover Sheet, even if they exist
Staying out of the UDQ – Amended Application

• Filing an amended Application for Adjudication: make sure the amended box is checked!

• You must enter the DOI on the Document Coversheet – failure to do so results in a default DOI being assigned.

• In paragraph 2 or in an addendum, please identify what is being amended, such as DOI, DOB, Name, Body Parts, etc.– for example, “Amending DOI to 01/01/2010.” We have to manually make the change so we need to know what you are changing.

• If you are changing the claims administrator in an amended Application, enter the new one in that section on the e-form, noting the change in paragraph 2 or an addendum.
Staying out of the UDQ: Use of the UAN

- Make sure you have your own Uniform Assigned Name (UAN) and everyone else's exactly right.

- Make sure the UAN — **NOT** the claims adjuster’s name—is in the claims administrator name field. Unless the employer is uninsured, this field must always have an UAN.

- If the employer is self-insured, **Do NOT** put a name and address in the insurance company fields – they are not given the role of insurance company.

- Claims administrators and lien claimants filing applications: You are the “applicant” in this instance; if there is an attorney representing the defendant or lien claimant, their UAN goes in the applicant attorney field.
Staying out of the UDQ: Document Titles

• Use the proper document title for attachments:
  – The drop down list contains DWC external users titles only
  – You will need to refer to the external document title list that accompanies the OCR document separator sheet for external document titles and **ONLY** use those

• What if there is no document title for your attachment?
  – First question: Does the document require immediate review and action by a Judge?
  – If no, it will be filed under ADJ – MISC - CORRESPONDENCE – OTHER
  – If yes, the document is filed ADJ – MISC - TYPED OR WRITTEN LETTER
Staying out of the UDQ: Document Titles cont’d

• Examples:
  – A QME Notice – yes, it is a letter, but does not need to go to the immediate attention of the judge
  – Use ADJ – MISC – CORRESPONDENCE-OTHER
  – Cross-examination of Rater (see Reference Guide)
  – File DOR requesting Conference
  – File LETTER requesting case be set for testimony
  – Use ADJ – MISC – TYPED OR WRITTEN LETTER

• It is extremely rare that you would use TYPED OR WRITTEN LETTER
Staying out of the UDQ: LIEN FILING

- **ALL LIENS MUST BE FILED AS ORIGINAL** – Enter the date you prepare the lien in the field “DATE OF ORIGINAL LIEN” – this is the same date as entered on the Document Cover Sheet

- No amended liens can be filed with the board!

- Proof of service and 10770.5 verification are attached separately *note the new attachments*

- If something on your lien has changed, do not file amended lien with the board; however, you must serve the other parties with the amended lien.
  - To Withdraw a lien, the drop down you will use is ADJ – LIENS AND BILLS – REQUEST FOR WITHDRAWAL OF LIEN
New Lien procedures for 2013

INTERNAL FileNet eForms First Data payment

Review Your Order
You are paying case reference #: ADJ7944713
You are paying lien reservation #: 0010300863
Total Amount: USD 150.00

Return to INTERNAL FileNet eForms First Data payment

Pay With Your Credit Card
Cardholder Name
Credit Card Number
Expiry Date (MMYY)

Pay With Your Credit Card

Your private information is secured using SSL (Secure Sockets Layer), the leading security protocol on the Internet. Information is encrypted and exchanged with an https server.

We respect your privacy. We will pass your name, address or e-mail address on only to the merchant.

Secure Payment provided by First Data Corp.
Staying out of the UDQ: Other Tips

• Please do **NOT** file cover letters. They are not needed

• Do **NOT** file copies of prior MOH/Awards/Orders; they are already in the District Office file

• If an e-form was filed and the attachments or proof of service were not filed; Do **NOT** file the same e-form again; just file the attachments/proof of service using the unstructured e-form

• Filing to do a walk-through: **BEFORE** going to the District Office you **MUST** verify that the documents are in EAMS
Staying out of the UDQ: Other Tips

• When entering EAMS case numbers on the Cover Sheet, the DOI field can be blank, and ensure that none of the boxes are checked for specific or cumulative trauma; this also applies to companion cases; but, make sure the case numbers are correct and belong to the correct injured worker.

• Please be sure to enter your UAN on the Notice of Representation or Substitution of Attorney; e.g. “Please enter our appearance for XXXXXXXX. Our UAN is XXXXXXX”

• If you are filing a Dismissal of Attorney with a Substitution of Attorney, scan them together as a single multi-page document.
Tips & Tricks
e-forms Tips and Tricks

• Take advantage of the available tools and resources!
  • EAMS Web site
  • EAMS Help Desk

• Administrator and alternate
  • Managing the login and password
  • Training
  • Problem solving
  • Contacting the EAMS Help Desk

• Provide feedback!
  • Report problems
  • Report useful tips
The first time you login to EAMS

- Verify that you are using Internet Explorer (IE) 9 through 11
  - No alternate browsers such as MS Edge, Firefox, Chrome, Safari, etc., are compatible

- Please verify that your screen resolution is set to:
  - 1366 x 768 or higher

- Verify that your Java is set to:
  - Version 8 Update 181 (no higher)

- Check your compatibility settings
  - Under the “Tools” menu in IE click on “Compatibility View Settings”
  - Remove “ca.gov” from your IE Compatibility View Settings if it is currently there
The first time you login to EAMS

• Under the “Tools” menu in Internet Explorer (IE) select “Internet Options”

• Enable ActiveX
  – Click on the “Security” tab then “Custom level” to access the ActiveX plugins
  – See that “Enable” is selected for the following:
    • Automatic prompting for ActiveX controls
    • Binary and script behaviors
    • Download signed ActiveX controls
    • Run ActiveX controls and plugins
    • Script ActiveX controls marked as safe for scripting

• Add EAMS to your Trusted Sites
  – Click on the “Security” tab then on the “Sites” button
  – Add “https://eams.dwc.ca.gov/external/logon.jsp” to the Trusted Sites dialog box
The first time you login to EAMS

- Under the “Tools” menu in Internet Explorer select “Internet Options”
- IE TLS Settings
  - Click on the ‘Advanced’ tab
  - Scroll down to the Security section
  - Click all TLS options (1.0, 1.1, 1.2)
  - Click Apply then Click OK
- Pop up Blocker
  - Click on the “Privacy” tab
  - If Pop-up blocker is off turn it on
  - Click on “Settings” next to the Pop-up blocker button
  - Add “ieams.dwc.ca.gov” to “Allowed sites”
- Any other errors please remember to take a screenshot and e-mail eforms@dir.ca.gov for assistance
e-forms Tips and Tricks

• ORDER: Gather all pertinent info AHEAD OF TIME
  • EAMS case numbers
  • Uniform assigned names
  • Addresses for parties
  • Body parts, etc.

• PREPARE, SIGN and SCAN all documents to be submitted with your e-form ahead of time.
  • Please make sure they are titled correctly

• LOG OUT - Fill out your e-Forms without interruptions to avoid being logged out from EAMS/e-forms

• PRINT your e-Form before submitting and serve on parties
e-forms Tips and Tricks

• E-filing allows for:
  • Accurate, faster submission time for you
  • Faster document processing at the District Office
  • Immediate submission status check

Overall efficiency and timely results

AND IT’S EASIER!
Some common errors in EAMS

• You do not have sufficient privileges to view this page
  – You are limited in what you can view in EAMS. Just hit the back button or link.

• No Suitable Slot Could be Determined
  – This is a conflict in the electronic court calendar in EAMS
  – E-mail Eforms@dir.ca.gov to inform us the “no suitable slot” error populated. Include the ADJ number and any companion case ADJ numbers that should be scheduled for hearing. The eForms team will research and clear the error, so you can eFile your DOR.

• Case is Archived
  – Please e-mail Eforms@dir.ca.gov with the ADJ number(s) so that we can retrieve it for you. Retrieval requires 2 hours to complete.
Filling out e-forms by Copy and Paste

• Copy text blocks from your report and paste them into your e-form

  – Please note: sometimes when you use copy and paste a space at the beginning or end of a name, number or address can be added
  – All extra spaces need to be removed as our system reads spaces as a character

• e-forms and mice do not like each other:
  – Trick for right-hand keyboard users: Use <CTRL>c to copy, <CTRL>v to paste
  – Trick for left-hand keyboard users: Use <CTRL><Insert> to copy, <SHIFT><Insert> to paste
Copy and Paste your Batch ID Info

- Highlight your Batch ID number, date and time

- To copy, press Ctrl + c

- Open your Batch ID spreadsheet

- Paste this information into the proper field

- You can add the IW name, case number, and the type of document filed

- This provides a central list of the batches submitted
Q&A