

## Information & Assistance Unit guide 18

### How to complete a document separator sheet

In addition to the document cover sheet (see guide 17), forms filed with your local Workers' Compensation Appeals Board (WCAB) district office need a "*document separator sheet*." We need the separator sheet so information in the form that follows it can be read by our Electronic Adjudication Management System (EAMS).

The separator sheet is required even if you are only filing one document. This means you will be submitting at least three documents, in the following order, with anything you file at the WCAB:

1. A document cover sheet
2. A document separator sheet
3. The form you need to file

If you are filing supporting documents with your form you will need separator sheets to identify them.

You may complete the attached separator sheet using a typewriter or with block printing. This form can also be completed online at [www.dir.ca.gov/dwc/FORMS/EAMS%20Forms/ADJ/DWCCAform10232\\_2.pdf](http://www.dir.ca.gov/dwc/FORMS/EAMS%20Forms/ADJ/DWCCAform10232_2.pdf).

Use the attached sample form as a guide.

Keep in mind the separator sheet provides information about the document that follows it. To fill out the separator sheet:

- Select the correct "*product delivery unit*" (the unit that will receive your form or document). You must select ADJ, DEU, RSU, VOC, or INT. Please see the appendix and sample form for more information
- Select the "*document type*" for the product delivery unit chosen. See the appendix for the document types available under each product delivery unit. For example, under ADJ, the only four document types are: legal document, liens and bills, medical document and miscellaneous. Use ONLY the options provided. Do not write in a document type that doesn't exist for the unit. If you are filling out the separator sheet on the Web site, the available options are in a drop down menu on the form
- Select the "*document title*" from the appendix. Again, use ONLY the options provided. Do not write in a document title that doesn't exist for the unit and document type you selected. If you are filling the separator sheet out on the Web site, the available options are in a drop down menu on the form

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- Fill in the “*document date*” (such as the date of medical report or date of a letter) using two-digit months and dates, and four digit years. The month, date, and year should be separated by a slash, like this: 02/15/2008
- Put the name of the person or organization who wrote the document in the “*author*” box. For example, if the document following the separator sheet is a form you filled out, you are the author. If the document following the separator sheet is a doctor’s report, the doctor is the author. If your claims administrator is the author you need to know the “uniform assigned name” of that company and put that in the box. You can find the uniform assigned name of your claims administrator on the Web site at <http://www.dir.ca.gov/DWC/EAMS/EAMS-LC/EAMSClaimsAdmins.asp>.

Send the completed filing packet to the correct local WCAB district office. WCAB district office addresses and phone numbers are attached to this guide.

Additional instructions for filing forms in EAMS can be found on line in the “EAMS OCR forms handbook” at [http://www.dir.ca.gov/dwc/eams/SampleFiles/EAMS\\_OCR%20handbook.pdf](http://www.dir.ca.gov/dwc/eams/SampleFiles/EAMS_OCR%20handbook.pdf).

If you need help, call an [Information and Assistance \(I&A\) office](#), or attend a [workshop for injured workers](#). The local I&A phone numbers are attached to this guide. You can get information on a local workshop from the I&A office or on the Web at [www.dwc.ca.gov](http://www.dwc.ca.gov).

The information contained in this guide is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations different than those present here.

When sending documents to a district office, please make sure they are not folded or stapled. Send them in a large manila envelope. Please see the EAMS OCR forms handbook for further instructions.

# WORKERS' COMPENSATION APPEALS BOARD DISTRICT OFFICES

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**ANAHEIM, 92806-2131**

1065 N PacificCenter Drive, Suite 170  
Information & Assistance Unit (714) 414-1800

**BAKERSFIELD, 93301-1929**

1800 30<sup>th</sup> Street, Suite 100  
Information & Assistance Unit (661) 395-2514

**EUREKA, 95501-0481 \* Satellite office \***

100 "H" Street, Suite 202  
Information & Assistance Unit (707) 441-5723

**FRESNO, 93721-2219**

2550 Mariposa Street, Suite 4078  
Information & Assistance Unit (559) 445-5355

**LONG BEACH, 90802-4339**

300 OceanGate Street, Suite 200  
Information & Assistance Unit (562) 590-5240

**LOS ANGELES, 90013-1105**

320 W 4<sup>th</sup> Street, 9<sup>th</sup> Floor  
Information & Assistance Unit (213) 576-7389

**MARINA DEL REY, 90292-6902**

4720 Lincoln Boulevard, 2<sup>nd</sup> and 3<sup>rd</sup> floors  
Information & Assistance Unit (310) 482-3858

**OAKLAND, 94612-1499**

1515 Clay Street, 6<sup>th</sup> Floor  
Information & Assistance Unit (510) 622-2861

**OXNARD, 93030-7912**

1901 N Rice Avenue, Suite 100  
Information & Assistance Unit (805) 485-3528

**POMONA, 91768-1653**

732 Corporate Center Drive  
Information & Assistance Unit (909) 623-8568

**REDDING, 96002-0940**

250 Hemsted Drive, 2<sup>nd</sup> Fl, Ste. B  
Information & Assistance Unit (530) 225-2047

**RIVERSIDE, 92501-3337**

3737 Main Street, Suite 300  
Information & Assistance Unit (951) 782-4347

**SACRAMENTO, 95834-2962**

160 Promenade Circle, Suite 300  
Information & Assistance Unit (916) 928-3158

**SALINAS, 93906-2204**

1880 N Main Street, Suites 100 & 200  
Information & Assistance (831) 443-3058

**SAN BERNARDINO, 92401-1411**

464 W Fourth Street, Suite 239  
Information & Assistance Unit (909) 383-4522

**SAN DIEGO, 92108-4424**

7575 Metropolitan Drive, Suite 202  
Information & Assistance Unit (619) 767-2082

**SAN FRANCISCO, 94102-7014**

455 Golden Gate Avenue, 2<sup>nd</sup> Floor  
Information & Assistance Unit (415) 703-5020

**SAN JOSE, 95113-1402**

100 Paseo de San Antonio, Suite 241  
Information & Assistance Unit (408) 277-1292

**SAN LUIS OBISPO, 93401-8736**

4740 Allene Way, Suite 100  
Information & Assistance Unit (805) 596-4159

**SANTA ANA, 92701-4070**

605 W Santa Ana Boulevard, Bldg 28, Suite 451  
Information & Assistance Unit (714) 558-4597

**SANTA BARBARA, 93101-7538 \* Satellite office \***

130 E Ortega St.  
Information & Assistance Unit (805) 568-1390

**SANTA ROSA, 95404-4771**

50 "D" Street, Suite 420  
Information & Assistance Unit (707) 576-2452

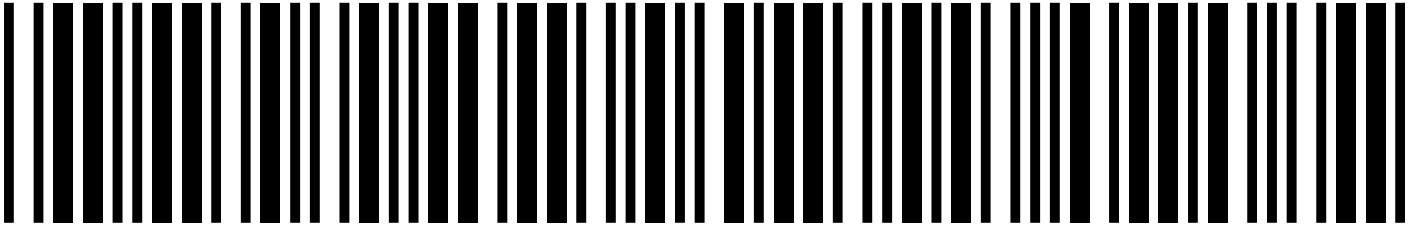
**STOCKTON, 95202-2314**

31 E Channel Street, Suite 344  
Information & Assistance Unit (209) 948-7980

**VAN NUYS, 91401-3370**

6150 Van Nuys Boulevard, Suite 105  
Information & Assistance Unit (818) 901-5374

# DOCUMENT SEPARATOR SHEET



Product Delivery Unit

\_\_\_\_\_

Document Type

\_\_\_\_\_

Document Title

\_\_\_\_\_

Document Date

\_\_\_\_\_

MM/DD/YYYY

Author

\_\_\_\_\_

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## Office Use Only

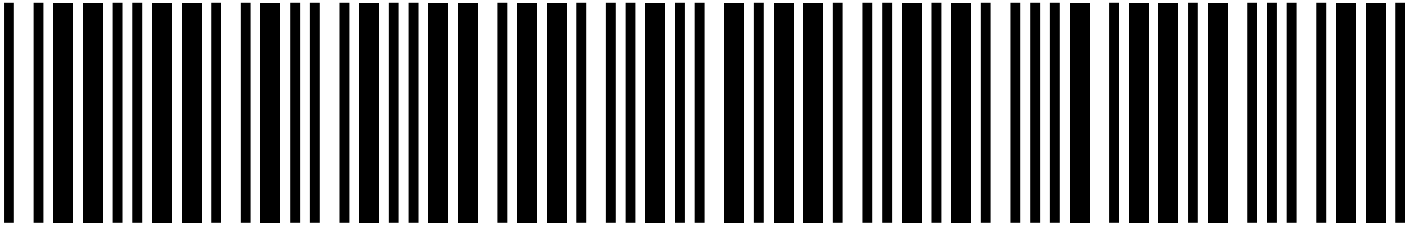
Received Date

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MM/DD/YYYY



# DOCUMENT SEPARATOR SHEET



Product Delivery Unit

SELECT UNIT

Document Type

SELECT DOCUMENT TYPE, REFER TO LIST

Document Title

SELECT DOCUMENT TITLE, REFER TO LIST

Document Date

DATE YOU FILLED OUT THE FORM

MM/DD/YYYY

Author

YOUR NAME

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**Office Use Only**

Received Date

MM/DD/YYYY



**PRODUCT DELIVERY TYPE DOCUMENT TYPE****DOCUMENT TITLE**

<b>ADJ</b>	<b>IBR</b>	<b>APPEAL OF DETERMINATION OF AD-IBR</b>
ADJ	IMR	APPEAL OF DETERMINATION OF AD-IMR
ADJ	LEGAL DOCS	<b>10770.5 VERIFICATION</b>
ADJ	LEGAL DOCS	10770.6 VERIFICATION
ADJ	LEGAL DOCS	132A
ADJ	LEGAL DOCS	1990 - 1993 WINDOW PERIOD APPLICATION
ADJ	LEGAL DOCS	1990 - 1993 WINDOW PERIOD APPLICATION - DEATH CLAIM
ADJ	LEGAL DOCS	4906(g) DECLARATION
ADJ	LEGAL DOCS	4906(h) DECLARATION
ADJ	LEGAL DOCS	AMENDED APPLICATION FOR ADJUDICATION
ADJ	LEGAL DOCS	AMENDED APPLICATION FOR ADJUDICATION-DEATH
ADJ	LEGAL DOCS	AMENDED COMPROMISE AND RELEASE
ADJ	LEGAL DOCS	AMENDED STIPULATIONS
ADJ	LEGAL DOCS	ANSWER
ADJ	LEGAL DOCS	ANSWER TO 132A
ADJ	LEGAL DOCS	ANSWER TO APPLICATION FOR ADJUDICATION OF CLAIM
ADJ	LEGAL DOCS	ANSWER TO PETITION FOR RECONSIDERATION
ADJ	LEGAL DOCS	ANSWER TO PETITION FOR REMOVAL
ADJ	LEGAL DOCS	ANSWER TO S & W
ADJ	LEGAL DOCS	APPEAL OF DETERMINATION OF A.D.-OTHER
ADJ	LEGAL DOCS	APPEAL OF DETERMINATION OF A.D.-RSU
ADJ	LEGAL DOCS	APPEAL OF DIRECTOR'S RETURN TO WORK SUPPLEMENT DECISION
ADJ	LEGAL DOCS	APPLICATION FOR ADJUDICATION
ADJ	LEGAL DOCS	APPLICATION FOR ADJUDICATION OF CLAIM-DEATH
ADJ	LEGAL DOCS	APPLICATION FOR SUBSEQUENT INJURIES FUND BENEFITS
ADJ	LEGAL DOCS	ARBITRATION SUBMITTAL FORM
ADJ	LEGAL DOCS	BENEFIT NOTICE
ADJ	LEGAL DOCS	BENEFIT PRINTOUT
ADJ	LEGAL DOCS	BIRTH CERTIFICATE
ADJ	LEGAL DOCS	C&R: RESPONSE TO LETTER REQUESTING INFORMATION
ADJ	LEGAL DOCS	CHANGE OF ADDRESS
ADJ	LEGAL DOCS	CHANGE OF HANDLING LOCATION
ADJ	LEGAL DOCS	COMPROMISE AND RELEASE
ADJ	LEGAL DOCS	COMPROMISE AND RELEASE DEPENDENCY CLAIM
ADJ	LEGAL DOCS	COMPROMISE AND RELEASE-SIGNED
ADJ	LEGAL DOCS	CONFIRMATION OF LIEN ACTIVATION FEE



**PRODUCT DELIVERY TYPE** **DOCUMENT TYPE****DOCUMENT TITLE**

ADJ	LEGAL DOCS	PETITION FOR CONTRIBUTION
ADJ	LEGAL DOCS	PETITION FOR COSTS
ADJ	LEGAL DOCS	PETITION FOR CREDIT FOR OVERPAYMENT OF BENEFITS
ADJ	LEGAL DOCS	PETITION FOR DEPOSITION ATTORNEY FEE (LC 5710)
ADJ	LEGAL DOCS	PETITION FOR DEPOSITION ATTORNEY FEE (LC 5710) - WALKTHROUGH
ADJ	LEGAL DOCS	PETITION FOR DISCOVERY ORDER
ADJ	LEGAL DOCS	PETITION FOR DISMISSAL
ADJ	LEGAL DOCS	PETITION FOR DISMISSAL OF A PARTY
ADJ	LEGAL DOCS	PETITION FOR DISQUALIFICATION
ADJ	LEGAL DOCS	PETITION FOR FINDING OF FACT
ADJ	LEGAL DOCS	PETITION FOR INCREASED BENEFITS FOR SERIOUS AND WILLFUL MISCONDUCT
ADJ	LEGAL DOCS	PETITION FOR JOINDER
ADJ	LEGAL DOCS	PETITION FOR ORDER ASSIGNING SECOND PANEL QME
ADJ	LEGAL DOCS	PETITION FOR ORDER COMPELLING SERVICE OF MEDICAL RECORD
ADJ	LEGAL DOCS	PETITION FOR ORDER CORRECTING CLERICAL ERROR
ADJ	LEGAL DOCS	PETITION FOR ORDER OF CONFIDENTIALITY
ADJ	LEGAL DOCS	PETITION FOR ORDER OF PUBLICATION
ADJ	LEGAL DOCS	PETITION FOR PENALTIES
ADJ	LEGAL DOCS	PETITION FOR RECONSIDERATION
ADJ	LEGAL DOCS	PETITION FOR RECONSIDERATION/REMOVAL
ADJ	LEGAL DOCS	PETITION FOR REHAB ATTORNEY FEE
ADJ	LEGAL DOCS	PETITION FOR REHAB ATTORNEY FEE - WALKTHROUGH
ADJ	LEGAL DOCS	PETITION FOR REMOVAL
ADJ	LEGAL DOCS	PETITION FOR RESTITUTION
ADJ	LEGAL DOCS	PETITION FOR SANCTIONS/COST
ADJ	LEGAL DOCS	PETITION FOR STAY OF PROCEEDINGS
ADJ	LEGAL DOCS	PETITION FOR THIRD PARTY CREDIT
ADJ	LEGAL DOCS	PETITION FOR WRIT OF ATTACHMENT
ADJ	LEGAL DOCS	PETITION TO BAR RECEIPT OF BENEFITS
ADJ	LEGAL DOCS	PETITION TO BE RELIEVED AS ATTORNEY OF RECORD
ADJ	LEGAL DOCS	PETITION TO CHANGE ADMINISTRATOR OF AWARD
ADJ	LEGAL DOCS	PETITION TO COMPEL ATTENDANCE AT MEDICAL EVALUATION
ADJ	LEGAL DOCS	PETITION TO COMPEL ATTENDANCE AT MEDICAL EVALUATION - WALKTHROUGH
ADJ	LEGAL DOCS	PETITION TO COMPEL DEPOSITION
ADJ	LEGAL DOCS	PETITION TO COMPEL DEPOSITION - WALKTHROUGH
ADJ	LEGAL DOCS	PETITION TO DISMISS APPLICANT













