

Date: \_\_\_\_\_

Re: \_\_\_\_\_

## ***Ogilvie III and LeBoeuf* Evaluation Data Sheet**

Please complete this *Ogilvie III* and *LeBoeuf* Evaluation Data Sheet and attach it to your referral letter and any records that are being sent with the referral. One purpose of this form is to increase efficiency. Another is to reduce vocational expert time and costs. Therefore, complete all requested information thoroughly and accurately.

**I. Type of *Ogilvie III* or *LeBoeuf* Evaluation requested. Check appropriate box.**

**A. Preliminary Records Only *Ogilvie III* Evaluation for settlement purposes**

A Preliminary Records Only *Ogilvie III* Evaluation is designed for settlement purposes only, and includes:

1. Review of medical, vocational, and wage records, and the *Ogilvie III* Evaluation Data Sheet provided by referring attorney or claims representative;
2. Transferable skills analysis, employability analysis, and DFEC analysis; and a
3. Preliminary report.

**(Estimated time for the Preliminary Records Only *Ogilvie III* Evaluation: 4-6 hours)**

The Preliminary Records Only *Ogilvie III* Evaluation report is needed by: \_\_\_\_\_.

Trial date and location: \_\_\_\_\_

**B. Comprehensive Diminished Future Earning Capacity (DFEC) Evaluation for less than a 100% claim**

A Comprehensive Diminished Future Earning Capacity (DFEC) Evaluation in relation to *Ogilvie III* is based on a record review, interview and testing of the applicant, transferable skills analysis,

employability analysis, a labor market survey, DFEC analysis, and a report. The results can be used for deposition or trial testimony. The evaluation includes:

1. Review of medical, vocational, and wage records, deposition transcripts, and videotapes;
2. Comprehensive interview with applicant;
3. Vocational test battery;
4. Transferable skills analysis, employability analysis, and DFEC analysis,
5. Labor market survey, if necessary; and a
6. Comprehensive report.

**(Estimated time for the Comprehensive DFEC Evaluation: 15-30 hours)**

The Comprehensive DFEC Evaluation report is needed by: \_\_\_\_\_  
Trial date and location: \_\_\_\_\_

**C. Combination DFEC, *LeBoeuf*, and LC 4662 Evaluation for a 100% claim**

A Combination DFEC, *LeBoeuf*, and LC 4662 Evaluation is designed to develop opinions regarding employability, vocational feasibility, and earning capacity and is based on a record review, interview and testing of the applicant, transferable skills analysis, vocational feasibility assessment, employability analysis, labor market survey, DFEC analysis, and report. The results can be used for deposition or trial testimony. The evaluation includes:

1. More detailed review of medical, vocational, and wage records, deposition transcripts and videotapes;
2. Comprehensive interview with applicant;
3. Vocational test battery;
4. Transferable skills analysis, vocational feasibility assessment, employability analysis, and DFEC analysis;
5. Labor market survey, if necessary; and a
6. Comprehensive report.

**(Estimated time for the Combination DFEC, *LeBoeuf*, and LC 4662 Evaluation for a 100% claim: 20-40 hours)**

The Combination DFEC, *LeBoeuf*, and LC 4662 Evaluation report is needed

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**Ogilvie III Evaluation Data Sheet**

by: \_\_\_\_\_

Trial date and location: \_\_\_\_\_

**D. *LeBoeuf* Vocational Evaluation in relation to the 1997 Schedule for Rating Permanent Disabilities**

A *LeBoeuf* Vocational Evaluation is designed to develop opinions regarding vocational feasibility and the ability to compete in an open labor market and is based on a record review, interviewing and testing the applicant, transferable skills analysis, vocational feasibility assessment, employability analysis, and a comprehensive report. The evaluation includes:

1. Review of medical, vocational, and wage records, deposition transcripts and videotapes;
2. Comprehensive interview with applicant;
3. Vocational test battery;
4. Transferable skills analysis;
5. Vocational feasibility assessment;
6. Employability analysis;
7. Labor market survey; and a
8. Comprehensive report.

**(Estimated time for a *LeBoeuf* Vocational Evaluation: 20-40 hours)**

The *LeBoeuf* Vocational Evaluation report is needed by: \_\_\_\_\_

Trial date and location: \_\_\_\_\_

**II. Information needed for an *Ogilvie III* Evaluation. For any type of *Ogilvie III* Evaluation, please complete and provide the following information:**

**A. Applicant's background/geographic data**

Name of applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_

County: \_\_\_\_\_

Telephone: \_\_\_\_\_

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Cell #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Dominant hand:      Right:       Left:

Languages:

Fluent: \_\_\_\_\_

Conversational: \_\_\_\_\_

If the applicant will be interviewed, is an interpreter needed? Yes:  No:

Felony conviction:    Yes:  No:

**B. Medical**

Date(s) of injury: \_\_\_\_\_

Body parts affected, by injury date: \_\_\_\_\_

(Body parts affected, continued): \_\_\_\_\_

Name and specialty of all physicians who will be relied on by the workers' compensation judge.

<u>Name</u>	<u>Function (AME, Applicant's QME, etc.)</u>	<u>Specialty</u>
1: _____	_____	_____
2: _____	_____	_____
3: _____	_____	_____
4: _____	_____	_____
5: _____	_____	_____

**WPI(s) by physician and body part**

Physician: \_\_\_\_\_ P&S/MMI Date: \_\_\_\_\_

<u>Body Part</u>	<u>WPI</u>
1: _____	1: _____
2: _____	2: _____
3: _____	3: _____
4: _____	4: _____

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**Permanent work restrictions, functional limitations, etc.** Needed for all types of evaluations. (Attach a separate sheet, if necessary.):

- 1: \_\_\_\_\_
- 2: \_\_\_\_\_
- 3: \_\_\_\_\_

Physician: \_\_\_\_\_ P&S/MMI Date: \_\_\_\_\_

Body Part

WPI

- |          |          |
|----------|----------|
| 1: _____ | 1: _____ |
| 2: _____ | 2: _____ |
| 3: _____ | 3: _____ |
| 4: _____ | 4: _____ |

**Permanent work restrictions, functional limitations, etc.** Needed for all types of evaluations. (Attach a separate sheet, if necessary.):

- 1: \_\_\_\_\_
- 2: \_\_\_\_\_
- 3: \_\_\_\_\_

Physician: \_\_\_\_\_ P&S/MMI Date: \_\_\_\_\_

Body Part

WPI

- |          |          |
|----------|----------|
| 1: _____ | 1: _____ |
| 2: _____ | 2: _____ |
| 3: _____ | 3: _____ |
| 4: _____ | 4: _____ |

**Permanent work restrictions, functional limitations, etc.** Needed for all types of evaluations. (Attach a separate sheet, if necessary.):

- 1: \_\_\_\_\_
- 2: \_\_\_\_\_
- 3: \_\_\_\_\_

**C. Wages**

**1. Pre-injury wages** (Attach documentation if available.)

Stipulated average weekly wage (AWW) at DOI: \_\_\_\_\_

AWW at DOI: \_\_\_\_\_

Average hours worked per week for one year prior to the DOI: \_\_\_\_\_

Wages for 3-5 years prior to the date of injury: \_\_\_\_\_

**2. Post-injury wages** (Attach documentation if available.)

If post-injury wages are from more than one employer, list all post-injury wages as follows:

<u>Employer</u>	<u>Dates of Employment</u>	<u>Post-injury wages</u>
1: _____	_____	_____
2: _____	_____	_____
3: _____	_____	_____
4: _____	_____	_____
5: _____	_____	_____
6: _____	_____	_____

**D. Employment**

**1. Job(s) for 3-5 years prior to the DOI** (Attach documentation if available.)

Official job title: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Average hours per week the 12 months prior to the DOI: \_\_\_\_\_

Wage: \_\_\_\_\_ /hr. \_\_\_\_\_ /wk. \_\_\_\_\_ /mo.

All job duties, in detail: \_\_\_\_\_

(Job Duties Cont.): \_\_\_\_\_

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(Job Duties Cont.): \_\_\_\_\_

(Job Duties Cont.): \_\_\_\_\_

(Job Duties Cont.): \_\_\_\_\_

Supervisory responsibilities? Yes:  No:

If yes, list the number and titles of workers supervised: \_\_\_\_\_

(cont.): \_\_\_\_\_

(cont.): \_\_\_\_\_

Union member: Yes:  No:

If yes, full name and city of union local: \_\_\_\_\_

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Official job title: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Average hours per week the 12 months prior to the DOI: \_\_\_\_\_

Wage: \_\_\_\_\_ /hr. \_\_\_\_\_ /wk. \_\_\_\_\_ /mo.

All job duties, in detail: \_\_\_\_\_

(Cont.): \_\_\_\_\_

(Cont.): \_\_\_\_\_

(Cont.): \_\_\_\_\_

(Cont.): \_\_\_\_\_

Supervisory responsibilities? Yes:  No:

If yes, list the number and titles of workers supervised: \_\_\_\_\_

(cont.): \_\_\_\_\_

(cont.): \_\_\_\_\_

Union member: Yes:  No:

If yes, full name and city of union local: \_\_\_\_\_

**If there is a stipulated DOI occupation, provide the following**

Occupational group and title: \_\_\_\_\_

Occupational variant: \_\_\_\_\_

**2. List all jobs held after the DOI**

**a. With the DOI employer**

Official job title: \_\_\_\_\_  
Dates employed after the DOI: From: \_\_\_\_\_ To: \_\_\_\_\_  
Average hours worked per week after DOI: \_\_\_\_\_  
New hourly wage, if increased or decreased after the DOI: \_\_\_\_\_

**b. With other post-injury employer(s)**

Official job title: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Wage: \_\_\_\_\_ /hr. \_\_\_\_\_ /wk. \_\_\_\_\_ /mo.  
All job duties, in detail: \_\_\_\_\_  
(Cont.): \_\_\_\_\_  
(Cont.): \_\_\_\_\_  
(Cont.): \_\_\_\_\_  
Supervisory responsibilities? Yes:  No:   
If yes, list the number and titles of workers supervised: \_\_\_\_\_  
(cont.): \_\_\_\_\_  
(cont.): \_\_\_\_\_

**c. Next post-injury employer**

Official job title: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Wage: \_\_\_\_\_ /hr. \_\_\_\_\_ /wk. \_\_\_\_\_ /mo.  
All job duties, in detail: \_\_\_\_\_  
(Cont.): \_\_\_\_\_  
(Cont.): \_\_\_\_\_  
(Cont.): \_\_\_\_\_  
Supervisory responsibilities? Yes:  No:   
If yes, list the number and titles of workers supervised: \_\_\_\_\_  
(cont.): \_\_\_\_\_

(cont.): \_\_\_\_\_

**d. Next post-injury employer**

Official job title: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Wage: \_\_\_\_\_ /hr. \_\_\_\_\_ /wk. \_\_\_\_\_ /mo.

All job duties, in detail: \_\_\_\_\_

(Cont.): \_\_\_\_\_

(Cont.): \_\_\_\_\_

(Cont.): \_\_\_\_\_

Supervisory responsibilities? Yes:  No:

If yes, list the number and titles of workers supervised: \_\_\_\_\_

(cont.): \_\_\_\_\_

(cont.): \_\_\_\_\_

**III. For a Comprehensive DFEC Evaluation and a Combination DFEC, *LeBoeuf*, and LC 4662 Evaluation, please provide the following additional information:**

All reports and deposition transcripts of physicians that will be relied on by the WCJ.

Any ratings

All employment records.

All wage records

Stipulated AWW, if available.

AWW

An accounting of wages earned after the DOI during the year of injury.

W-2 Wage and Tax Statements for 5 years before the DOI to the present.

SSA Earnings Statement

Deposition transcript(s) of the applicant

Surveillance videos

Report, records, and deposition transcripts of the opposing DFEC expert, if available

**A. For a Comprehensive DFEC Evaluation or a Combination DFEC, *LeBoeuf*, and LC 4662 Evaluation, provide all jobs held in the applicant's worklife.**

1. Official job title: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Average hours per week: \_\_\_\_\_  
Wage: \_\_\_\_\_ /hr. \_\_\_\_\_ /wk. \_\_\_\_\_ /mo.  
All job duties, in detail: \_\_\_\_\_  
(Cont.): \_\_\_\_\_  
(Cont.): \_\_\_\_\_  
(Cont.): \_\_\_\_\_  
Supervisory responsibilities? Yes:  No:   
If yes, list the number and titles of workers supervised: \_\_\_\_\_  
(cont.): \_\_\_\_\_  
(cont.): \_\_\_\_\_

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2. Official job title: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_  
Average hours per week: \_\_\_\_\_  
Wage: \_\_\_\_\_ /hr. \_\_\_\_\_ /wk. \_\_\_\_\_ /mo.  
All job duties, in detail: \_\_\_\_\_  
(Cont.): \_\_\_\_\_  
(Cont.): \_\_\_\_\_  
(Cont.): \_\_\_\_\_  
Supervisory responsibilities? Yes:  No:   
If yes, list the number and titles of workers supervised: \_\_\_\_\_  
(cont.): \_\_\_\_\_  
(cont.): \_\_\_\_\_

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3. Official job title: \_\_\_\_\_  
Employer: \_\_\_\_\_

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Address: \_\_\_\_\_

Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Average hours per week: \_\_\_\_\_

Wage: \_\_\_\_\_ /hr. \_\_\_\_\_ /wk. \_\_\_\_\_ /mo.

All job duties, in detail: \_\_\_\_\_

(Cont.): \_\_\_\_\_

(Cont.): \_\_\_\_\_

(Cont.): \_\_\_\_\_

Supervisory responsibilities? Yes:  No:

If yes, list the number and titles of workers supervised: \_\_\_\_\_

(cont.): \_\_\_\_\_

(cont.): \_\_\_\_\_

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4. Official job title: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Average hours per week: \_\_\_\_\_

Wage: \_\_\_\_\_ /hr. \_\_\_\_\_ /wk. \_\_\_\_\_ /mo.

All job duties, in detail: \_\_\_\_\_

(Cont.): \_\_\_\_\_

(Cont.): \_\_\_\_\_

(Cont.): \_\_\_\_\_

Supervisory responsibilities? Yes:  No:

If yes, list the number and titles of workers supervised: \_\_\_\_\_

(cont.): \_\_\_\_\_

(cont.): \_\_\_\_\_

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5. Official job title: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Average hours per week: \_\_\_\_\_

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Wage: \_\_\_\_\_ /hr. \_\_\_\_\_ /wk. \_\_\_\_\_ /mo.

All job duties, in detail: \_\_\_\_\_

(Cont.): \_\_\_\_\_

(Cont.): \_\_\_\_\_

(Cont.): \_\_\_\_\_

Supervisory responsibilities? Yes:  No:

If yes, list the number and titles of workers supervised: \_\_\_\_\_

(cont.): \_\_\_\_\_

(cont.): \_\_\_\_\_

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6. Official job title: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Average hours per week: \_\_\_\_\_

Wage: \_\_\_\_\_ /hr. \_\_\_\_\_ /wk. \_\_\_\_\_ /mo.

All job duties, in detail: \_\_\_\_\_

(Cont.): \_\_\_\_\_

(Cont.): \_\_\_\_\_

(Cont.): \_\_\_\_\_

Supervisory responsibilities? Yes:  No:

If yes, list the number and titles of workers supervised: \_\_\_\_\_

(cont.): \_\_\_\_\_

(cont.): \_\_\_\_\_

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7. Official job title: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Average hours per week: \_\_\_\_\_

Wage: \_\_\_\_\_ /hr. \_\_\_\_\_ /wk. \_\_\_\_\_ /mo.

All job duties, in detail: \_\_\_\_\_

(Cont.): \_\_\_\_\_

(Cont.): \_\_\_\_\_

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(Cont.): \_\_\_\_\_

Supervisory responsibilities? Yes:  No:

If yes, list the number and titles of workers supervised: \_\_\_\_\_

(cont.): \_\_\_\_\_

(cont.): \_\_\_\_\_

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8. Official job title: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of employment: From: \_\_\_\_\_ To: \_\_\_\_\_

Average hours per week: \_\_\_\_\_

Wage: \_\_\_\_\_ /hr. \_\_\_\_\_ /wk. \_\_\_\_\_ /mo.

All job duties, in detail: \_\_\_\_\_

(Cont.): \_\_\_\_\_

(Cont.): \_\_\_\_\_

(Cont.): \_\_\_\_\_

Supervisory responsibilities? Yes:  No:

If yes, list the number and titles of workers supervised: \_\_\_\_\_

(cont.): \_\_\_\_\_

(cont.): \_\_\_\_\_

**B. Military Service**

Yes:  No:

If yes, dates of service: \_\_\_\_\_ Branch: \_\_\_\_\_

Occupation and duties: \_\_\_\_\_

Service-connected disability: Yes:  No:  Percentage: \_\_\_\_\_

**C. School Information**

1. High school graduate: Yes:  No:

If yes, year graduated: \_\_\_\_\_

Name and location of high school: \_\_\_\_\_

2. If no high school diploma, GED? Yes:  No:

If yes, year GED obtained: \_\_\_\_\_

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- 3. If no high school diploma or GED certificate, list highest grade completed: \_\_\_\_\_
- 4. Post-high school studies:

Year(s)	<u>Attended</u>	<u>School</u>	<u>Major</u>	<u>Grades</u>	<u>Certificate</u>	<u>Degree</u>
1:	_____	_____	_____	_____	_____	_____
2:	_____	_____	_____	_____	_____	_____
3:	_____	_____	_____	_____	_____	_____

- 5. Current licenses or certifications: \_\_\_\_\_

**IV. Additional information for any type of evaluation**

Claims adjuster: \_\_\_\_\_  
Title: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Applicant's attorney: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell #: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Defense attorney: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Cell #: \_\_\_\_\_  
Fax: \_\_\_\_\_

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E-mail: \_\_\_\_\_

Co-defense attorney: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell #: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Current treating physician: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Second treating physician: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Claim information:**

Claim #: \_\_\_\_\_

WCAB #: \_\_\_\_\_

WCAB Venue: \_\_\_\_\_

Completed by: \_\_\_\_\_

Job title of person completing form: \_\_\_\_\_

Direct telephone number of person completing form: \_\_\_\_\_

Firm: \_\_\_\_\_

Date: \_\_\_\_\_