

ATTORNEY PETERSON LAW OFFICES  
2411 S BROADWAY  
MENOMONIE WI 54751

WC CLAIM NO: 9999-999999 IF YOU CALL OR WRITE US  
INJURY DATE: 01/01/98 PLEASE USE WC CLAIM NO.  
EMPLOYEE: SIMPLES-SAMPLER, TESTER SAMPLE  
EMPLOYER: SAMPLE EMPLOYER  
INSURER NO:

Enclosed is a computation of permanent partial disability. This worksheet is based on a medical report submitted by one of the parties.

This worksheet is for informational purposes only. If you want a copy of the medical report, contact the opposing party.

Department of Workforce Development  
Division of Worker's Compensation

Enc.

GL17 (R. 08/2001)

**Copy sent to:**  
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