

Department of Workforce Development
Division of Worker's Compensation
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STATE OF WISCONSIN



Department of Workforce Development

Scott Walker, Governor
Raymond Allen, Secretary

November 9, 2017

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
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Enc.

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Copy sent to:
ATTORNEY WALTER D THUROW
PO BOX 2094
MADISON WI 53701-2094