

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
WORKERS' COMPENSATION APPEALS BOARD

NOTICE AND REQUEST FOR ALLOWANCE OF LIEN

(Print or type names and addresses; include ZIP Codes)

ID OR CASE NO.

Injured Worker _____
Date of Claimed Injury _____
Attorney for Injured Worker _____
Employer _____
Insurance Carrier or, if Self-Insured, Certificate Name _____
Adjusting Agency, if Agency Administered _____
Attorney for Employer/Carrier _____
Lien Claimant _____
Attorney for Lien Claimant _____

Address _____
Social Security Number _____ Date of Birth _____
Address _____
Address _____
Address Where Claim Administered _____
Address _____
Address and Telephone No. _____
Address and Telephone No. _____

The lien claimant hereby requests the Workers' Compensation Appeals Board to determine and allow as a lien the sum of _____ Dollars (\$ _____) against any amount now due or which may hereafter become payable as compensation to the above named worker on account of the above claimed injury.

This request and claim for lien is for (Mark appropriate box):

- The reasonable expense incurred by or on behalf of said worker for medical treatment to cure or relieve from the effects of said injury; or
- The reasonable medical expense incurred to prove a contested claim; or
- The reasonable value of living expenses of said worker or of his or her dependents, subsequent to the injury, or
- The reasonable living expenses of the spouse or minor children, or both, of said worker, subsequent to the date of injury, where such worker has deserted or is neglecting his or her family; or
- The reasonable fee for interpreter's services performed on _____, 19 _____.

NOTE: ITEMIZED STATEMENT JUSTIFYING THE LIEN MUST BE ATTACHED

FOR INJURIES OCCURRING ON OR AFTER JANUARY 1, 1990, FOR WHICH THE LIEN CLAIMANT DOES NOT HAVE A WCAB IDENTIFICATION NUMBER, the lien claimant declares under penalty of perjury that:

- a copy of the original completed Employee's Claim for Workers' Compensation Benefits (DWC Form 1) is attached, or
- the lien claimant does not have a copy of the claim form, but made the following efforts to secure one:

a copy of the lien claim and supporting documents was served by mail or delivered to each of the above-named parties.

Signature of Attorney for Lien Claimant _____ Signature of Lien Claimant _____ Date _____

EMPLOYEE'S CONSENT TO ALLOWANCE OF LIEN

I consent to the requested allowance of a lien against my compensation.

Signature of Attorney for Injured Worker _____