

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

NOTICE AND REQUEST FOR ALLOWANCE OF LIEN

ID OR CASE NO. _____

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

Injured Worker	Address	
Date of Claimed Injury	Social Security Number	Date of Birth
Attorney for Injured Worker	Address	
Employer	Address	
Insurance Carrier or, if Self-Insured, Certificate Name	Address Where Claim Administered	
Adjusting Agency, if Agency Administered		
Attorney for Employer/Carrier	Address	
Lien Claimant	Address and Telephone No.	
Attorney for Lien Claimant	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 _____ , _____ .
-

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 Signature of Injured Worker