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)

I.D. OR CASE NO._____

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 _____

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