

WORKERS' COMPENSATION APPEALS BOARD

STATE OF CALIFORNIA

Applicant/Employee:

WCAB NO(S)

CLAIM #:

AWARD

AWARD IS MADE in favor of

against

INSURANCE COMPANY,

of:

(Entity legally obligated to pay the award)

(A) Additional temporary disability indemnity in accordance with paragraph above,

(B) Permanent disability indemnity in accordance with paragraph 3 above,

Less the sum of \$ _____, payable to applicant's attorney as the reasonable value of service rendered.

(C) Liens in accordance with Paragraph 7 above.

(D) Further medical treatment in accordance with Paragraph 4 above,

(E) Reimbursement for medical-legal expenses in accordance with Paragraph 5 above,

(F) Stipulations in Paragraph 8 and 9 are approved.

(G)

Dated:

Workers' Compensation Administrative Law Judge
WORKERS' COMPENSATION APPEALS BOARD

On _____, this document was personally served on all persons appearing at the hearing on said date, as set forth in the minutes of that hearing was personally served on

was served by mail on all persons listed on the Official Address Record was served by mail on following party or parties: _____

By: _____

NOTICE TO:

Pursuant to Rule 10500, you are designated to serve this document on all parties shown on the Official Address Record, together with a proof of service. You shall maintain this proof of service, which shall not be filed with the WCAB unless a dispute arises regarding service. A copy of the current Official Address Record accompanies this notice.

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF INDUSTRIAL ACCIDENTS