

The lien claimant hereby requests the Worker's Compensation Appeals Board to determine and allow as a lien the sum of \$ _____ against any amount now due or which may hereafter become payable
Total Lien Amount
compensation to the above-named employee on account of the above-claimed injury.

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

- A reasonable attorney's fee for legal services pertaining to any claim for compensation either before the appeals board or before any of the appellate courts, and the reasonable disbursements in connection therewith. (Labor Code & 4903 (a).)
- The reasonable expense incurred by or on behalf of the injured employee, as provided by Labor Code & 4600. (Labor Code & 4903 (b).)
- Reasonable expense incurred by or on behalf of the injured employee, for medical-legal expenses. (Labor Code & 4903 (b).)
- The reasonable value of the living expenses of an injured employee, or of his or her dependents, subsequent to the injury. (Labor Code & 4903 (c).)
- The reasonable burial expenses of the deceased employee. (Labor Code & 4903 (d).)
- The reasonable living expenses of the spouse or minor children of the injured employee, or both, subsequent to the date of the injury, where the employee has deserted or is neglecting his or her family. (Labor Code & 4903 (e).)
- The reasonable fee for interpreter's services performed on _____ 20___. (Labor Code & 4600 (f).)
- The amount of indemnification granted by the California Victims of Crime Program. (Labor Code & 4903 (i).)
- The amount of compensation, including expenses of medical treatment, and recoverable costs that have been paid by Asbestos Workers' Account. (Labor Code & 4903 (j).)
- Other Lien(s): Specify nature and statutory basis.

NOTE: ITEMIZED STATEMENT JUSTIFYING THE LIEN MUST BE ATTACHED

- 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/Representative for Lien Claimant)

(Signature of Lien Claimant)

Date (MM/DD/YYYY)