

WORKERS' COMPENSATION APPEALS BOARD

ANSWER OF _____

(INJURED EMPLOYEE)

Case No. _____

VS.

Date of alleged injury: _____

(CORRECT NAME OF EMPLOYER, INDICATE IF SELF-INSURED)

(EMPLOYER'S ADDRESS AND ZIP CODE)

(CORRECT NAME OF INSURANCE CARRIER OR, IF SELF-INSURED, ADJUSTING AGENCY)

(INSURANCE CARRIER OR ADJUSTING AGENCY'S ADDRESS & ZIP CODE)

ANSWERING DEFENDANTS deny the allegations of the application as indicated below with such explanations as expressly set forth and admit all other material allegations.

DENIALS

EXPLAIN BELOW

(Mark X if allegation is denied)

_____ Employment _____

_____ Occupation _____

_____ Injury _____
(IF DENIAL IS BASED ON DATE OR PART OF BODY INJURED, EXPLAIN FULLY)

_____ Insurance coverage _____
(CHECK IF EMPLOYER HAS BEEN NOTIFIED TO APPEAR AND DEFEND)

_____ Liability for self-procured treatment _____

_____ Liability for future medical treatment _____

_____ Medical-legal costs _____

_____ Earnings _____

_____ Periods of disability _____
(GIVE LAST DAY WORKED AND CORRECT DATE OF RETURN TO WORK)

_____ Rehabilitation _____

_____ Permanent disability _____
(IF APPORTIONMENT IS CLAIMED, SO STATE)

IT IS FURTHER ALLEGED:

1. Defendants have paid disability indemnity in the total amount of \$ _____ at the rate of \$ _____ a week beginning _____ through _____ plus _____

2. Affirmative defenses and other matters: _____

Defendants do not waive the right to raise additional issues in accordance with the provisions of law and the Rules of Practice if other issues develop.

Dated at _____, California, on _____

(EMPLOYER OR INSURANCE CARRIER)

By: _____

(ADDRESS AND TELEPHONE NUMBER OF ATTORNEY)

DECLARATION OF MAILING

State of California

I am employed in the county of _____, state of California;

I am over the age of 18 years and not a party to the within action; my business address is:

I am readily familiar with the firm's business practice of processing correspondence for mailing. In the ordinary course of business, the correspondence would be deposited with the United States Postal Service on that same day with postage thereon fully prepaid at my business address above. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than on day after the date of deposit for mailing as listed.

I served the foregoing documents described as:

on the interested parties in this action, by placing a true copy thereof in a sealed envelope with postage thereon fully prepaid, in the United States Mail at my address stated above, addressed as follows:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on: _____ at _____, California.
