

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

Stipulations With Request for Award
(Death Case)

CASE NO. _____

Applicants	Address
vs.	
Defendants	Address

The parties to the above-entitled action hereby enter into the following stipulations and request the Workers' Compensation Appeals Board to issue Findings and Award forthwith, without further proceedings.

IT IS HEREBY STIPULATED AS FOLLOWS:

1. That _____, age _____
(Name of injured) (Years)
while employed at _____, as a _____
(Place of injury) (Occupation)
by _____ on _____
(Name of employer; an individual, co-partnership or corporation) (Date of injury)
sustained injury arising out of and occurring in the course of his employment, proximately
resulting in the death of said employee on _____
(Date of death)

That at said time, said employer's compensation insurance carrier covering said injury was _____, and both the employer and the employee were subject to the provisions of the Labor Code of the State of California.

2. That said employee left surviving him, wholly dependent, the following: (Give name, relationship, and, if a minor, date of birth): _____

3. That the said dependents are entitled to a death benefit of \$ _____ , based upon earnings of \$ _____ , payable at \$ _____ a week.
STATE WEEKLY OR MONTHLY WAGES

4. That the sum of _____ is payable to _____ on account of the burial expense. The sum of \$ _____ has heretofore been paid to _____ by defendants on account of the burial expense.

(Cross out statement not applicable.)

5. That all necessary medical, surgical and hospital expense on account of said injury has been paid by defendants. (If not paid, explain): _____

6. That defendants have heretofore paid the sum of \$ _____ on account of the death benefit, for which they request credit.

7. That it is necessary that a guardian ad litem and trustee be appointed for the said minors, and the parties request that _____ be appointed such guardian ad litem and trustee.

The Workers' Compensation Appeals Board may assume that no attorney fee is involved in the above-entitled matter and should the facts be otherwise a detailed letter will be attached hereto.

Dated this _____ day of _____

_____, _____

Applicants

Employer or Insurance Carrier