

STATE OF CALIFORNIA
DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD

**Stipulations with
Request for Award**

Case No(s). _____

Social Security No. _____

Applicant (Employee) _____

Address _____

Correct Name(s) of Employer(s) _____

Address(es) _____

Correct Name(s) of Insurance Carrier(s) Claims Administrator(s) _____

Address(es) _____

The parties hereto stipulate to the issuance of an Award and/or Order, based upon the following facts, and waive the requirements of Labor Code Section 5313:

1. _____, born _____, while employed at _____
(employee) (date)
_____, _____ as a(n) _____,
(city) (state) (occupation) (group)
on _____
(date[s] of injury(ies))
by _____ whose compensation insurance carrier(s) was/were
(employer(s))
_____ sustained injury(ies) arising out of and in the
course of employment to _____
(parts of body injured)

2. The injury(ies) caused temporary disability for the period(s) _____ through _____ for which
indemnity has been paid at \$ _____ per week. 2(a). The injury caused additional temporary disability for the period
_____ through _____ at the rate of \$ _____ in the amount of \$ _____.

3. The injury caused permanent disability of _____ %, for which indemnity is payable at \$ _____ per week
beginning _____, in the sum of \$ _____, less credit for such payments
previously made. And a life pension of _____ per week thereafter.

Labor Code §4658(d) adjustment: Increase rate to _____ as of _____. Decrease rate to _____ as of _____.

Not Applicable.

An informal rating has / has not (select one) been previously issued. DEU # _____
(Select one)

Applicant/Employee: _____ WCAB No(s). _____

4. There is is not a need for medical treatment to cure or relieve from the effects of said injury(ies).

5. Medical-legal expenses are payable by defendant as follows:

6 Applicant's attorney request a fee of \$ _____ Fees to be commuted as follows: _____

7. Liens against compensation are payable as follows:

8. Any accrued claims for Labor Code Section 5814 penalties are included in this settlement unless expressly excluded.

9. Other stipulations:

Dated

Attorney or Authorized Representative for Defendant

Applicant

Address of Attorney or Authorized Representative

Attorney or Authorized Representative for Applicant

Address of Attorney or Authorized Representative

Interpreter

AWARD

AWARD IS MADE in favor of _____ against

_____ of:
(entity legally obligated to pay the award)

(A) Additional temporary disability indemnity in accordance with paragraph 2(a) 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 services rendered.

Fees are to be commuted pursuant to Paragraph 6.

(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) The matter is ordered off calendar / set for lien conference.

(H)

(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.