

WORKERS' COMPENSATION APPEALS BOARD

SPECIAL NOTICE OF LAWSUIT

WCAB No.

To: DEFENDANT, ILLEGALLY UNINSURED EMPLOYER:

AVISO: A ad le estan demandando. Le carte puede expedir una decision que le afecte sin que se le escache a memos que ad actue pronto. Lea la siguiente informacion.

DEFENDANT: APPLICANT(S):

NOTICES

1) A lawsuit, the attached Application for Adjudication of Claim, has been filed with the Workers Compensation Appeals Board against you as the named defendant by the above-named applicant(s).

You may seek the advice of an attorney in any matter connected with this lawsuit and such attorney should be consulted promptly so that your response may be filed and entered in a timely fashion.

If you do not know an attorney, you may call an attorney reference service or a legal aid office (see telephone directory).

You may also request assistance/information from an Information and Assistance Officer of the Division of Workers' Compensation (see telephone directory).

2) An Answer to the Application must be filed and served within six days of the service of the Application pursuant to Appeals Board rules; therefore, your written response must be filed with the Appeals Board promptly; a letter or phone call will not protect your interests.

3) You will be served with a Notice(s) of Hearing and must appear at all hearings or conferences. After such hearing, even absent your appearance, a decision may be made and an award of compensation benefits may issue against you. The award could result in the garnishment of your wages, taking of your money or property or other relief.

If the Appeals Board makes an award against you, your house or other dwelling or other property may be taken to satisfy that award in a non-judicial sale, with no exemptions from execution.

A lien may also be imposed upon your property without further hearing and before the issuance of an award.

4) You must notify the Appeals Board of the proper address for the service of official notices and papers and notify the Appeals Board of any changes in that address.

TAKE ACTION NOW TO PROTECT YOUR INTERESTS!

Issued by: WORKERS' COMPENSATION APPEALS BOARD

Name and Address of Appeals Board: WORKERS' COMPENSATION APPEALS BOARD

Address City, State, ZIP Code

COMPLETED BY:

Name and Address of Applicant's Attorney, Representative (or Applicant if acting without Attorney/Representative):

Name Address City, State, ZIP Code Telephone No.

NOTICE TO THE PERSON SERVED: You are served

- 1. as an individual defendant.
2. as the person sued under the fictitious name of (specify):
3. on behalf of (specify):

- under: CCP 416.10 (corporation) CCP 416.60 (minor)
CCP 416.20 (defunct corporation) CCP 416.70 (conservatee)
CCP 416.40 (association or partnership) CCP 416.90 (individual)
other:

- 4. by personal delivery on (date):