

LIEN REQUEST
UNDER THE
IRONWORKERS COLLECTIVELY BARGAINED WORKERS' COMPENSATION PROGRAM

NOTICE AND REQUEST FOR ALLOWANCE OF LIEN

Injured worker

Address

Date of Claimed Injury

Social Security Number

Date of Birth

Attorney for Injured Worker

Address

Employer

Address

Insurance Carrier, or Self-Insured, Certificate Name

Adjusting Agency, if Agency Administered

Address Where Claim Administered

Attorney for Employer/Carrier

Address

Lien Claimant

Address

The lien claimant hereby requests the Ironworkers Workers Compensation Program to determine and allow as a lien the sum of \$_____ against any amount now due or which may hereafter become payable as compensation to the above named worker on account of the above claimed injury.

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

___ The reasonable expense incurred by or on behalf of said worker for medical treatment to cure or relive from the effects of said injury; or

___ The reasonable medical expense incurred to prove a contested claim; or

___ The reasonable value of living expenses of said worker or of his or her dependents, subsequent to injury; or

___ The reasonable living expenses of the spouse or minor children, or both, of said worker, subsequent to the date of injury, where such worker has deserted or is neglecting his or her family; or

___ The reasonable fee for interpreter's services performed on _____; or

___ Other: _____

Note: An 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 for Lien Claimants Signature of Lien Claimant Date

Employee's Consent to Allowance of Lien

I consent to the requested allowance of lien against my compensation.

Signature of Attorney for Injured Worker Signature of Injured Worker

**Lien Filing Fee is \$150.00 payable to:
Ironworkers Workers Compensation Trust.**

Please mail this form, supporting documentation, proof of service to all parties & filing fee to:

**Ironworkers Workers Compensation ADR Program
Atten: Melissa Friedrichsen
2120 Foothill Blvd., Ste 100
La Verne, CA 91750**