

NAME
STREET
CITY, STATE, ZIP CODE

TELEPHONE #:

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

vs.	Applicant, Defendants.
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WCAB#:

APPLICATION FOR BENEFITS FOR
SERIOUS AND WILLFUL MISCONDUCT
OF EMPLOYER

Proof Of Service By Mail

I declare that:

I am (resident of/employed in) the county of _____ California. I am over the age of eighteen years, my (business/residence) address is:

On _____, I served the attached _____ on the _____ in said case, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully paid, in the United State mail at

_____ addressed as follows _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on

(date) _____, at _____ California.

Type or print name _____

Signature _____