

Workers' Compensation Appeals Board Special Notice of Lawsuit

(Pursuant to Labor Code Section 3716 and Code of Civil Procedure Section 412.20)

WCAB No. _____

To: DEFENDANT, ILLEGALLY UNINSURED EMPLOYER:

AVISO: A ud le estan demandando. Le corte puede expedir una decision que le afecte sin que se le eschuche a menos que ad actue pronto. Lea la siguiente informacion.

DEFENDANT:

APPLICANT:

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NOTICES

- 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 Assistant Office of the Division of Workers' Compensation (see telephone directory).
- 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.
- 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.
- 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	Address	City, State, ZIP Code	Telephone No.