

LCSA WCAB UAN

LCSA WCAB EAMS COORDINATOR NAME

1 WCAB EAMS COORDINATOR PHONE NUMBER

2 WCAB EAMS COORDINATOR E-MAIL ADDRESS

2

3 LCSA ATTORNEY NAME

4 LCSA County

Department of Child Support Services

5 LCSA ADDRESS

LCSA ADDRESS CONTINUED

6 MAIN DCSS PHONE NUMBER OR DIRECT PHONE

7 Attorney pursuant to
FC Section 17400

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STATE OF CALIFORNIA

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WORKERS COMPENSATION APPEALS BOARD

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INJURED WORKER NAME,

EAMS NO. WCAB EAMS CASE NUMBER

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Employee,

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LCSA COUNTY

DEPARTMENT OF CHILD SUPPORT SERVICES,

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Lien Claimant/Applicant,

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vs.

ORDER RE: PAYMENT OF
SUPPORT LIEN UNDER
L.C. §4903

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EMPLOYER;

INSURANCE COMPANY,

Defendant.

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Petition for Payment of Support Lien under L.C. §4903 having been
filed herein and Good Cause Appearing:

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IT IS ORDERED that twenty-five percent (25%) of any and all
benefits (including any Vocational Rehabilitation Maintenance
Allowance/Vocational Rehabilitation Temporary Disability and
Permanent Disability Advances) to be paid by the carrier

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1 to the applicant, shall be paid to **LCSA** County Department of
2 Child Support Services at the time said insurer commences said
3 payments, subsequent to the date of this Order. Said payments
4 shall continue until the time of settlement or further order of this
5 court.

6 A written objection within fifteen (15) days setting forth good
7 cause, served on all parties, shall render this order null and void.

8 Any objection setting forth good cause must be accompanied by a
9 Declaration of Readiness (8 Cal.Regs. 10966).

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11 Dated:

WORKERS' COMPENSATION
ADMINISTRATIVE LAW JUDGE

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13 NOTICE TO: **LCSA** County Department of Child Support
14 Services Pursuant to Rule 10500, you are
15 designated to Serve this/these document(s)
16 forthwith on all Parties shown on the
17 official address record.
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