



\_\_\_ 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