

BASIC CRAFTS WORKERS' COMPENSATION
ALTERNATIVE DISPUTE RESOLUTION SYSTEM

**STIPULATIONS WITH
REQUEST FOR AWARD**

Basic Crafts Case No(s). _____

Applicant (Employee)

Address

Name(s) of Insurance Carrier(s) Claims Administrator(s)

Address(es)

Correct Name(s) of Employer(s)

Address(es)

The parties hereto stipulate to the issuance of an Award and/or Order, based upon the following facts, and waive the requirements of Labor Code section 5313:

1. _____, born _____, while employed
(Employee) (date)

within the State of California as a(n) _____,
(Occupation) (Group)

on _____
(date(s) of Injury)

by _____ whose compensation insurance carrier(s) was/were
_____ sustained injury (ies) arising out of and in the
course of employment to _____.
(parts of body injured)

2. The injury(ies) caused temporary disability for the period(s) _____ through
_____ for which indemnity has been paid at \$ _____ per week.

2(a). The injury(ies) caused additional temporary disability for the period _____
through _____ at the rate of \$ _____, and in the amount of \$ _____.

3. The injury(ies) caused permanent disability of _____%, for which indemnity is payable at
\$ _____ per week beginning _____, in the sum of \$ _____, less credit for
such payments previously made. ___ And a life pension of \$ _____ per week thereafter.

Labor Code §4658(d) adjustment: ___ increase rate to \$ _____ as of _____.
___ Decrease rate to \$ _____ as of _____. ___ Not Applicable. An informal rating
has ___/has not ___ been previously issued. DEU # _____

4. There is / is not a need for medical treatment to cure or relieve from the effects of said injury(ies).

5. Medical-legal expenses are payable by defendant as follows:

6. Applicant's attorney requests a fee of \$ _____. ___ Fees to be commuted as follows: _____.

7. Liens against compensation are payable as follows:

8. Any accrued claims for Labor Code Section 5814 penalties are included in this settlement unless expressly excluded.

9. Other stipulations:

Dated

Address of Attorney or Authorized Representative

Injured Worker/Applicant

Address of Attorney or Authorized Representative

Attorney or Authorized Representative for
Injured Worker/Applicant

Attorney or Authorized Representative for Defendant

Interpreter

BASIC CRAFTS WORKERS' COMPENSATION
ALTERNATIVE DISPUTE RESOLUTION SYSTEM

Award

Basic Crafts Case # _____

Case Name: _____

AWARD IS MADE in favor of _____ against

_____ of:

- (A) Temporary disability in accordance with paragraph 2 and 2 (a) above,
- (B) Permanent disability indemnity in accordance with paragraph 3 above,

Less the Sum of \$ _____, payable to applicant's attorney as the reasonable value

of services rendered. ___ Fees are to be commuted pursuant to Paragraph 6 above.

- (C) Liens in accordance with Paragraph 7 above,
- (D) Further medical treatment in accordance with Paragraph 4 above,
- (E) Reimbursement for medical-legal expenses in accordance with Paragraph 5 above,
- (F) Stipulations in Paragraph 8 & 9 are approved.
- (G) Other

Dated: _____

Arbitrator for the
Basic Crafts WCADR System

is directed to serve all parties
on the official address record.

Service

This document was served by mail on all persons listed on the official address record:

Date: _____

By: _____