PROOF OF SERVICE FOR WORKERS' COMPENSATION APPEAL (DECLARATION OF SERVICE)

Case Name/No.:	In the Matter of the Appeal of:	
	Case name File No. AHB-WCA	_
I,You	, declare that:	
I am employed in the C this action. My busines	county ofs address is	, California. I am over the age of 18 years and not a party to
processing of correspondence is depo	ndences of mailing with the United States esited with the United States Postal Se	for the collection and Name of your company ates Postal Service. Said ordinary business practice is that rvice that same day in, California. City y business practices, I caused a true and correct copy of
the following	g documents(s):	
_	th proper postage prepaid, in a seale	Business address d envelope(s) addressed as follows: (See attached Party
In addition, of indicated the	Date	faxed a copy of said document to all parties where under each address on this Declaration.
I declare under penalt Francisco, California,		e and correct, and that this declaration was executed at San
Date	Name of person ma	uiling document

PROOF OF SERVICE FOR WORKERS' COMPENSATION APPEAL (PARTY SERVICE LIST) AHB-WCA-____-

Libio Latimer Interim Supervising Administrative Law Judge Administrative Hearing Bureau Department of Insurance 1901 Harrison Street, 3rd Floor Oakland, CA 94612 Tel No.: (415) 538-4420 Fax No.: (510) 238-7828	
Kristen Marsh, Esq. Senior Vice President and Chief Legal Officer WORKERS' COMPENSATION INSURANCE RATING BUREAU OF CALIFORNIA One Montgomery Street, Suite 400 San Francisco, CA 94104 Tel No.: (415) 778-7000 Fax No.: (415) 371-5202 Email: legal@wcirb.com	Attorney(s) for Workers' Compensation Insurance Rating Bureau
Contact Person Insurance Company Address City, State, Zip Telephone Fax	Insurer

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