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	name, declare that:	
I am employed in the C this action. My busines	ounty 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 sited 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):	
to be placed	for collection and mailing at the offi	ce of
California wi Service List)		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	iling document

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

Kristin L. Rosi Chief Administrative Law Judge Administrative Hearing Bureau Department of Insurance 1901 Harrison Street, 3rd Floor Oakland, CA 94612 Tel. No.: (415) 538-4243 or (415) 538-4127 Fax No.: (510) 238-7828	
Kristen Marsh, Esq. Senior Vice President and Chief Legal Officer WORKERS' COMPENSATION INSURANCE RATING BUREAU OF CALIFORNIA 1901 Harrison Street, 17th Floor Oakland, CA 94612 Tel. No.: (415) 778-7000 Fax No.: (415) 371-5202 Email: legal@wcirb.com	Attorney(s) for Workers' Compensation Insurance Rating Bureau
Contact Person	Insurer
Insurance Company	
Address	
City, State, Zip	
Telephone	
Fax	

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