State of California Division of Workers' Compensation Workers' Compensation Appeals Board Arbitration Submittal Form

mployee	First Name:			_ Middle Initial:
	Last Name:			
	Address/P.O. Box:			
Employee F	City:	State:	_ Zip Code:	
	Representative	Non attorney Representative		
	Law Firm or Company Name (If applicable):			
	First Name:			Middle Initial:
	Last Name:			
	Address/P.O.Box:			
	City:			
-	resting Arbitration (If applicable) nce Co. Self-insured Legally Uninsured Party Name:			
	Address:			
	City:	State: _	Zip Code:_	
y Repr	esentative			
	Law Firm or Company Name (If applicable)			
	First Name:			Middle Initial
	Last Name:			
	Address/P.O.Box:			
	City:		: Zip Coo	

Party to th	ne Arbitration					
Insuran	ce Co. Self-insur	red Legally Uninsured	Uninsure	d Lien Claimant	Case Number:	
	Party Name:					
	Address:					
Party Rep	resentative	Law Firm /Attorne	y Non atto	orney Representative		
	Law Firm or Compa	pany Name (If applicable):				
	First Name:			Mic	ldle Initial:	
	Last Name:Address/P.O.Box: _					
Party to th	City:	DR	State:	Zip Code:		
-		ured Legally Uninsured	d Uninsu	red Lien Claima	ant Case Number	er:
	Address:					
Party Repi	resentative	Law Firm /Attorney	√	orney Representative		
	Law Firm or Compa	any Name (If applicable)				
	First Name:			Mid	ddle Initial:	
	Last Name:					
	Address/P.O.Box: _					
	City.		State:			

Party to the	Arbitration					
Insurance	e Co. Self-insured	Legally Uninsured	Uninsu	red	laimant Case Number	er:
	Party Name:					
Party Repre	esentative	Law Firm /Attorney	Non attor	rney Representat	tive	
	Law Firm or Company	Name (If applicable):				
	Address/P.O.Box:	AA	A			
	City:	JK/	State:	_ Zip Code:		
-	Arbitration					
Insurance	e Co. Self-insured	Legally Uninsured	Uninsure	d Lien Cl	laimant Case Number	er:
	Party Name:					
	Address:					
	City:		State:	_ Zip Code:		
Party Repre	esentative	Law Firm /Attorney	Non attor	ney Representat	iive	
	Law Firm or Company	Name (If applicable):				
	First Name:				Middle Initial:	
	Last Name:					
	Address/P.O.Box:					
				Zip Code:		

The issues below are hereby submitted for arbitration pursu	uant to Labor Code so	ection 52/5:	
Mandatory arbitration under Labor Code section 5275	5 (a)		
Insurance Coverage			
Contribution			
Voluntary arbitration under Labor Code section 5275	5 (b)		
Explanation of issues submitted for arbitration			
☐ The parties have agreed to have this case heard before	Arbitrator Name Address: City:		Zip Code:
	Phone Number:		
The parties have unsuccessfully attempted to agree on	a arbitrator and reque	est a list of arbitrators pursuant to	Labor Code section 5271(b)
The parties to the arbitration must sign this form in the spa	aces provides helow		
	-	California an	
Dated: at		, Camornia on	
Party or party representative:			
Party or party representative:			
Party or party representative:			
Party or party representative:			
Party or party representative:			