

**LIEN REQUEST**

UNDER THE

IRONWORKERS COLLECTIVELY BARGAINED WORKERS' COMPENSATION PROGRAM

**NOTICE AND REQUEST FOR ALLOWANCE OF LIEN**

\_\_\_\_\_  
Injured worker

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date of Claimed Injury

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Attorney for Injured Worker

\_\_\_\_\_  
Address

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Address

\_\_\_\_\_  
Insurance Carrier, or Self-Insured, Certificate Name

\_\_\_\_\_  
Adjusting Agency, if Agency Administered

\_\_\_\_\_  
Address Where Claim Administered

\_\_\_\_\_  
Attorney for Employer/Carrier

\_\_\_\_\_  
Address

\_\_\_\_\_  
Lien Claimant

\_\_\_\_\_  
Address

The lien claimant hereby requests the Basic Crafts Workers' Compensation Program to determine and allow as a lien the sum of \$\_\_\_\_\_ against any amount now due or which may hereafter become payable as compensation to the above named worker on account of the above claimed injury.

This request and claim for lien is for (Mark appropriate box):

The reasonable expense incurred by or on behalf of said worker for medical treatment to cure or relive from the effects of said injury; or

The reasonable medical expense incurred to prove a contested claim; or

\_\_\_ 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