

STATE OF CALIFORNIA
 DIVISION OF WORKERS' COMPENSATION
 WORKERS' COMPENSATION APPEALS BOARD

LIEN CONFERENCE DISPOSITION FORM

Case Name: _____

ADJ No.: _____

Instructions: Use this to inform the WCAB which liens have been resolved and how. Check the appropriate box or boxes and fill in the information. Use UANs for the lien representatives. Print Neatly.

The following lien claims are settled:

Lien Claimant	Lien Representative	Lien Order or by Agreement	Amount
Lien Claimant	Lien Representative	Lien Order or by Agreement	Amount
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"Notice of Intent to Dismiss Lien Claim" issued as follows:

Lien Claimant	Lien Representative	Date of Notice
Lien Claimant	Lien Representative	Date of Notice

The following lien claimants are not pursuing their lien claims and withdraw their liens:

Lien Claimant	Lien Representative	Date of withdrawal
Lien Claimant	Lien Representative	Date of withdrawal
Lien Claimant	Lien Representative	Date of withdrawal

Signatures: This information is true and accurate.

Print name of person submitting this form	Signature	Date