

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

**MINUTES OF HEARING (addendum)**

CASE NUMBER(S) \_\_\_\_\_

CASE TITLE \_\_\_\_\_ V. \_\_\_\_\_

**PLEASE PRINT CLEARLY**

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

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

Appearance by: \_\_\_\_\_

Appearance by: \_\_\_\_\_

Law Firm/Company: \_\_\_\_\_

Law Firm/Company: \_\_\_\_\_

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

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

Appearance by: \_\_\_\_\_

Appearance by: \_\_\_\_\_

Law Firm/Company: \_\_\_\_\_

Law Firm/Company: \_\_\_\_\_

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

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

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Law Firm/Company: \_\_\_\_\_

Law Firm/Company: \_\_\_\_\_