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

Employee	First Name:	Middle Initial:	
	Last Name:		
		State: Zip Code:	
Employee	Representative	Law Firm /Attorney Non attorney Representative	
	Law Firm:		
		Middle Initial:	
	Last Name:		
	Address/P.O.Box:		
	City:	State: Zip Code:	
Is the injure	d worker requesting ar	bitration or is the injured worker a party to the arbitration?	
Party Requ	uesting Arbitration	or arbitration in the spaces provided below.  (If applicable)  red  Legally Uninsured Uninsured Lien Claimant Case number:	
	Party Name:		
	Address:		
	City:	State: Zip Code:	
Party Repr	resentative		
	Law Firm:		
	First Name:	Middle Initial	
	Last Name:		
	Address/P.O.Box:		
	City:	State: Zip Code:	

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Party to the Arbitration					
Insurance Co. Self-Insured	Legally Uninsured	Uninsured	Lien Claimant	Case Number:	
Party Name:					
Address:					
Party Representative	Law Firm /Attorney	Non attorney R	epresentative		
Law Firm:					
Last Name:					
Party to the Arbitration  Insurance Co. Self-Insured  Party Name:	<del></del>				
Party Representative	Law Firm /Attorney	Non attorney R	epresentative		
Law Firm:					
First Name:			Mid	dle Initial:	
Last Name:					
City:		State:	Zip Code:		

Party to the Arbitration					
Insurance Co. Self-Insured	Legally Uninsured	Uninsured	Lien Claimant	Case Number:	
Party Name:					
Address:					
Party Representative	Law Firm /Attorney	Non attorne	y Representative		
Law Firm :					
First Name:			Mido	dle Initial:	
Last Name:					
Address/P.O.Box:					
City:		State:	Zip Code:		
Party to the Arbitration  Insurance Co. Self-Insured  Party Name:	Legally Uninsured				
Party Representative	Law Firm /Attorney	Non attorne	y Representative		
Law Firm:					
First Name:			Mido	lle Initial:	
Last Name:					
Address/P.O.Box:					

The issues below are hereby submitted for arbitration pursuant to Labor Code section 5275:	
Mandatory arbitration under Labor Code section 5275 (a)	
Insurance Coverage	
Contribution	
Voluntary arbitration under Labor Code section 5275 (b)	
Explanation of issues submitted for arbitration	,
The parties have agreed to have this case heard before:	
Arbitrator Name	
Address:	
City: State: Zip Code:	
Phone Number:	
The parties have unsuccessfully attempted to agree on a arbitrator and request a list of arbitrators pursuant to Labor Code section 5271(b	).
The parties to the arbitration must sign this form in the spaces provides below.	
Dated: at ,	
Party or party representative:	
Party or party representative:	
Party or party representative:	
Party or party representative:	
Party or party representative:	

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