

NAME:  
STREET:  
CITY, STATE, ZIP CODE:  
TELEPHONE #:

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

vs.	Applicant,  Defendants.
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WCAB #:

PETITION FOR PENALTIES

Comes Now Applicant and Petitions for Penalties for unreasonable delay in furnishing of benefits per Labor Code Section 5814 as follows (check one or more):

- (A)  Temporary Disability
- (B)  Permanent Disability
- (C)  Medical Treatment
- (D)  Reimbursement of Medical (prescriptions, mileage, treatment, etc.)
- (E)  Supplemental Job Displacement Benefits

Describe the events/acts of the unreasonable delay in benefits below.

\_\_\_\_\_  
your signature

\_\_\_\_\_  
date mailed