

**BEFORE THE BOARD OF INDUSTRIAL INSURANCE APPEALS  
STATE OF WASHINGTON**

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**IN RE:** \_\_\_\_\_ ) **DOCKET NO.** \_\_\_\_\_

\_\_\_\_\_ )  
**CLAIM NO.** \_\_\_\_\_ ) **LAY REPRESENTATIVE DECLARATION**

I, \_\_\_\_\_, hereby declare that I am the duly authorized lay representative for the worker or beneficiary in this appeal, as provided by WAC 263-12-020.

Please **initial** one, depending on circumstances:

\_\_\_\_\_ I have not been, nor will I be, compensated for my representation in this appeal. Compensation includes, but is not limited to: a fee, a percentage of benefits secured by the claimant as a result of this appeal, or any other item or service of value whether paid by the injured worker or by L&I.

\_\_\_\_\_ I am a person employed by the worker's labor union whose duties include handling industrial insurance matters for the union.

I declare under penalty of perjury under the laws of the state of Washington that this information is true, accurate, and complete to the best of my knowledge. I acknowledge that any falsification, omission, or concealment of material fact may subject me to criminal and/or civil liability.

Date: \_\_\_\_\_

\_\_\_\_\_  
Lay Representative Signature

\_\_\_\_\_  
Location (County, State)