

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

1  
2 **IN RE:** \_\_\_\_\_ ) **DOCKET NO.** \_\_\_\_\_  
3 )  
4 **CLAIM NO.** \_\_\_\_\_ ) **LAY REPRESENTATIVE DECLARATION**  
5

6 I, \_\_\_\_\_, hereby declare that I am the duly authorized lay representative  
7 for the worker or beneficiary in this appeal, as provided by WAC 263-12-020.  
8

9  
10 Please **initial** one, depending on circumstances:

11 \_\_\_\_\_ I have not been, nor will I be, compensated for my representation in this appeal.  
12 Compensation includes, but is not limited to: a fee, a percentage of benefits  
13 secured by the claimant as a result of this appeal, or any other item or service of  
14 value whether paid by the injured worker or by L&I.  
15

16 \_\_\_\_\_ I am a person employed by the worker's labor union whose duties include  
17 handling industrial insurance matters for the union.  
18

19  
20 I declare under penalty of perjury under the laws of the state of Washington that this  
21 information is true, accurate, and complete to the best of my knowledge. I acknowledge that any  
22 falsification, omission, or concealment of material fact may subject me to criminal and/or civil liability.  
23  
24

25  
26 \_\_\_\_\_  
27 Lay Representative Signature  
28

29 

Date:	Signed at (County, State):
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<b>Contact Information</b>		
*Address: _____		
City: _____	State: _____	Zip: _____
Phone: _____	Email: _____	

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