

Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility
Formulario de Reclamo de Compensación para Trabajadores (DWC 1) y Notificación de Posible Elegibilidad



You should read all of the information below.

Medical Care:

Workers' Compensation Claim Form (DWC 1) & Notice of Potential Eligibility
Formulario de Reclamo de Compensación para Trabajadores (DWC 1) y Notificación de Posible Elegibilidad



Return to Work:

Payment for Permanent Disability:

Vocational Rehabilitation (VR):

Supplemental Job Displacement Benefit (SJDB):

Death Benefits:

It is illegal for your employer

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736-7401

(800)
www.dir.ca.gov

You can consult with an attorney

S C
D I R
DIVISION OF WORKERS' COMPENSATION

WORKERS' COMPENSATION CLAIM FORM (DWC 1)

Employee: C

Employee