

DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD

NOTICE OF APPLICATION

DATE OF SERVICE:*11/02/2023*

WCAB CASE NBR:*ADJ18428195*

DATE OF CLAIMED INJURY:*11/03/2022 - 12/03/2022*

EMPLOYEE:*ADEL HANNA*

EMPLOYER:*CALIFORNIA INSTITUTION FOR MEN*

INSURER:*SCIF INSURED BAKERSFIELD*

COMMENT(S)/REMARK(S):

*AN APPLICATION FOR ADJUDICATION OF CLAIM HAS BEEN FILED WITH THE WORKERS
COMPENSATION APPEALS BOARD FOR THE ABOVE CLAIMED INJURY. PLEASE REFERENCE
THE ABOVE WCAB ID NUMBER ON ALL CORRESPONDENCE TO THE WCAB.
THIS NOTICE CONSTITUTES A CONFORMED COPY OF THE APPLICATION.
DATE APPLICATION FILED: 11/01/2023*

WC04