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Document Type	Document Title	File Name	
LEGAL DOCS	4906(g) DECLARATION	C:\fakepath\04 - Declaration.pdf	<input type="button" value="Delete"/>
LEGAL DOCS	FEE DISCLOSURE STATEMENT	C:\fakepath\01 - fee.pdf	<input type="button" value="Delete"/>
LEGAL DOCS	VENUE VERIFICATION	C:\fakepath\03 - VENUE.pdf	<input type="button" value="Delete"/>
LEGAL DOCS	PROOF OF SERVICE	C:\fakepath\POS.pdf	<input type="button" value="Delete"/>
MISC	TYPED OR WRITTEN LETTER	C:\fakepath\02 - Application verification.pdf	<input type="button" value="Delete"/>
<input type="button" value="Done"/>			

STATE OF CALIFORNIA
DWC DISTRICT OFFICE
E-COVER SHEET

Companion Cases Exist

Location:

More than 15 Companion Cases

Walk Thru Yes No

Date: (MM/DD/YYYY)

Case Number*:

SSN(Numbers Only)

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury

(START DATE: MM/DD/YYYY) *

(END DATE: MM/DD/YYYY)

Body Part 1* :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Please check unit to be filed on (check only one box)*

ADJ DEU SIF UEF SAU INT RSU

Companion Cases

Case 1:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury

(START DATE: MM/DD/YYYY)

(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 2:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury

(START DATE: MM/DD/YYYY)

(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

**STATE OF CALIFORNIA
DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD
APPLICATION FOR SUBSEQUENT INJURIES FUND BENEFITS**

Case No1.	ADJ12398234
Case No2.	
Case No3.	
Case No4.	
Case No5.	

Injured Worker	
First Name*	NATALIYA
MI	
Last Name*	VARHAFTIG

Vs

Employer Name*	NEIMAN MARCUS
Insurance Carrier Name	LIBERTY MUTUAL ROCKLIN
Third Party Administrator	

APPLICATION FOR SUBSEQUENT INJURIES FUND BENEFITS

1. Applicant

, born on was injured on
(MM/DD/YYYY)* (MM/DD/YYYY)

, as a at
(Occupation) (City)

California with earnings of \$ per

Applicant sustained injury arising out of and occurring in the course of his/her employment resulting in permanent and partial disability affecting the following parts of the body:

The permanent disability, when considered alone and without regard to or adjustment for the applicant's occupation or age is equal to percent or more of total disability.

2. Immediately prior to the injury, applicant was permanently disabled in the following respects:
Field size limited to 80 characters

DEPRESSION ARTHRITIS BLURRY VISION GASTRO BACK UP & LOW EXTREMITIES

The pre-existing disabilities occurred as a result of: Field size limited to 80 characters

PRIOR BODILY INJURIES GENETIC DISEASES AND PSYCHOPATHOLOGY

3. Applicant has previously filed a workers' compensation claim with the Workers' Compensation Appeals Board

Case Number ADJ12398234

4. Applicant filed for Social Security Disability benefits on

and is receiving \$ per month. (MM/DD/YYYY)

Applicant's Social Security Number is (Numbers Only)

WHEREFORE, applicant requests benefits as provided by law

Attorney for Applicant Signature S NATALIA FOLEY

Applicant Signature S NATALIYA VARHAFTIG

Street Address/PO Box 751 S WEIR CANYON RD STE 157-455

City ANAHEIM


State CA

Zip Code (Numbers Only) 92808

DECLARATION PURSUANT TO LABOR CODE SECTION 4906(g)


Pursuant to Labor Code Section 4906(g), I declare under penalty of perjury that I have not violated Section 139.3 and I have not offered, delivered, received, or accepted any rebate, refund, commission, preference, patronage dividend, discount, or other consideration, whether in the form of money or otherwise, as compensation or inducement for any referred examination or evaluation.

Dated: 5/27/2022

X 

Signature

Dated: 5/27/2022



Signature

Natalia Foley, Esq (SBN 295923)
WORKERS DEFENDERS LAW GROUP
751 S WEIR CANYON RD STE 157-455 ANAHEIM CA 92808

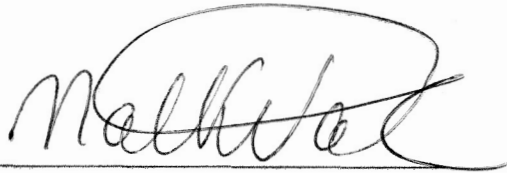
Before signing this form, you should be aware that: "Any person who makes or causes to be made any knowingly false or fraudulent material statement or representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony."

VENUE AUTHORIZATION

I HEREBY AUTHORIZE MY WORKERS' COMPENSATION CASE(S) FOR
INJURY(IES) DATED 07/24/2018 - 07/24/2019 TO BE
FILED AT THE AHM WORKERS'
COMPENSATION APPEALS BOARD.

DATED: 5/27/2022

X



APPLICANT

APPLICANT'S ATTORNEY:



Natalia Foley, Esq (SBN 295923)
WORKERS DEFENDERS LAW GROUP
751 S WEIR CANYON RD STE 157-455
ANAHEIM CA 92808
310 707 8098

ERN: 13792552

UAN: Workers Defenders Anaheim

APPLICATION VERIFICATION

I, the undersigned, say that I am the Applicant in this action.

I have read the foregoing Application for Adjudication in regard to my worker compensation case, and I verify that I know the contents thereof, and that the same is true of my own knowledge, except as to the matters which are therein stated upon my information or belief, and as to those matters that I believe to be true.

I declare under penalty of perjury that the foregoing is true and correct.

Date: 5/27/2022

X

A handwritten signature in cursive script, appearing to read "Nathaniel", written over a horizontal line. The signature is written in black ink and is positioned to the right of the "X" mark.

Signed by Applicant

FEE DISCLOSURE STATEMENT

If you choose to be represented by an attorney, your attorney's fees will be deducted from your benefits. The fee will be approved by the Workers' Compensation Appeals Board with consideration given to the: (1) responsibility assumed by the attorney; (2) care exercised in representing you; (3) time involved; and, (4) results obtained.

Attorney's fees normally range from 9% to 15% of the benefits awarded.

There are certain circumstances where your employer (or his/her insurer) may be liable to pay your attorney's fees. For example, if the employer disputes a permanent disability evaluation obtained when you were not represented by an attorney, your employer may be liable for any attorney fees you incur because of the dispute.

If at any time you no longer wish to be represented by the attorney, you may withdraw from representation by notifying the attorney. If you withdraw from representation, the fee amount found by a workers' compensation judge to be the fair value of any work the attorney did in your case will be deducted from your award.

Your case is being filed at the Division of Workers' Compensation at the following location:

Anaheim - AHM

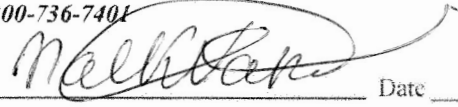
The employee has been advised of the district office at which his or her case will be filed and that he or she may be required to attend conferences or hearings at this location at his or her own expense.

An Information and Assistance Officer may be able to answer your questions concerning your workers' compensation benefits at no charge to you. The Officer may be able to resolve your problems without the need for litigation.

Call this toll-free number: 1-800-736-7401

Employee's Signature

X



Date

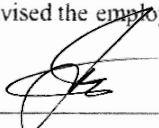
5/27/2022

Employee's Name

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying worker's compensation benefits or payments is guilty of a felony.

I hereby declare under penalty of perjury that I am the attorney representing the above-named employee, or am an attorney licensed by the State Bar of California regularly employed by the firm by which the employee will be represented, and have advised the employee of their rights as set forth above and in Labor Code section 4906(e) and (g)(1).

Attorney's Signature



Date

5/27/2022

Attorney's name

Natalia Foley, Esq

Address

WORKERS DEFENDERS LAW GROUP

751 S WEIR CANYON RD STE 157-455

Phone No.

ANAHEIM CA 92808

310 707 8098

1 **E-Filed:** NATALIA FOLEY, ESQ
2 **UAN:** WORKERS DEFENDERS ANAHEIM
3 **EAMS #:** 13792552
4 **Address:** WORKERS DEFENDERS LAW GROUP
5 751 S Weir Canyon Rd Ste 157-455 Anaheim CA 92808
6 Tel: 714 948 5054/ Cell: 310 707 8098/ Fax: 310 626 9632

7 **PROOF OF SERVICE**

8 1. I am over the age of 18 and not a party of this cause. I am a resident of or employed in the
9 county where the mailing occurred. My residence or business address is

10 **751 S Weir Canyon Rd Ste 157-455**
11 **Anaheim CA 92808**

12 2. I served the following documents:

13 APPLICATION FOR SIBTF

14 by enclosing a true copy in a sealed envelope addressed to each person whose name and address is shown
15 below and depositing the envelope in the US mail with the postage fully prepaid.

- 16
- 17 • Date of Mailing: 5/31/2022
 - 18 • Place of Mailing: Anaheim, Orange County, CA

19 3. I declare under penalty of perjury under the laws of the State of California that the foregoing is true
20 and correct.

21 Date: 5/31/2022

22 
23 By Irina Palees, Legal Assistant
24 to Attorney Natalia Foley

25 Name and Address of each Person to whom Notice was Mailed

26 List of the persons served:

27 OD LEGAL
28 355 S. GRAND AVE STE 1400
LOS ANGELES CA 90071

SIBTF
1750 HOWE AVENUE, SUITE 370
SACRAMENTO, CA 95825-3367

LIBERTY MUTUAL ROCKLIN
PO BOX 779008
ROCKLIN CA 95677

WORKERS DEFENDERS LAW GROUP
751 S WEIR CANYON RD STE 157-455
ANAHEIM CA 92808

HARRISON, EICHENBERG & MURPHY
3350 EAST BIRCH STREET SUITE 150
BREA, CA 92821

NEIMAN MARCUS
9700 WILSHIRE BLVD
BEVERLY HILLS CA 90212

WCAB
1065 LINK #170
ANAHEIM CA 92806

NATALIYA VARHAFTIG
920 EUCLID STREET APT 308
SANTA MONICA CA 90403