



View Lien Information (DE 2581)

Workers' Compensation Information

Date of Injury:	06-28-2020	ADJ Case Number:	ADJ16109343
Lien Claimant Name (UAN):	EDD SDI SANTA ANA	Lien Claimant Name (Rep):	Eduard Grigorian
Address/ PO Box:	PO Box 1466 Santa Ana, CA 92702 -1466 United States	Phone Number:	800-480-3287
Injured Worker:	JACOB RAMOS	Injured Worker Address:	3805 La Tonia Ct Bakersfield, CA 93313-3076 United States
Employer:	GRIMMWAY FARMS	Employer Address:	14141 DI GIORGIO RD ARVIN, CA 93203 United States
Defense Attorney:		Defense Attorney Phone Number:	
Defense Attorney Address:			
Insurance Carrier:		Insurance Carrier Address:	
Applicant Attorney:	WORKERS DEFENDERS	Applicant Attorney Phone Number:	
Applicant Attorney Address:	751 S WEIR CANYON RD STE 157 455 ANAHEIM, CA 92808 United States		

OPENING LIEN

The undersigned hereby notifies the Division of Workers' Compensation (**DWC**) that payment of unemployment compensation disability __ State Disability Insurance (**SDI**) or family temporary disability insurance __ Paid Family Leave (**PFL**) insurance benefits are being made as follows:

Benefit Periods Paid

Lien Type:	Opening	ADJ Case Number:	ADJ16109343
Weekly Rate (\$):	312.00	Daily Rate (\$):	44.57
Start Date:	06-28-2020	End Date:	
No of Days:		Benefits (\$):	
Claim Type:	SDI	MBA (\$):	16224.00



Total benefit payments will not exceed _____. Request is made that these payments be determined and allowed as a lien in the settlement of this case. Upon cessation of payments and on the request of the DWC, an amended "Notice and Request for Allowance of Lien" will be filed to cover the totals paid.

The undersigned hereby request the DWC to determine and allow as a lien the sum stated below as "Total", which represents the amount of unemployment compensation, disability, and/or family temporary insurance benefits to be paid to date, plus applicable interest pursuant to California Unemployment Insurance Code 2629.1(e) and California Labor Code section 4904. Further benefits will be paid if the employee is found eligible and the DWC notified of any resumption of payments. Upon cessation of these continued payments or on the request of the DWC, a further amended lien will be filed.

Attached Lien Forms

Document Number	DLN	Document Type	Date
S100000135077656	S100000135077656	2578G Notice of Lien Claim	05-11-2022

Certify For Lien

Lien Claimant Name (Rep): S Eduard Grigorian

I declare I have delivered or mailed a copy of this document to each of the persons named above and listed below.

PROOF OF SERVICE

Additional Information: N/A

Submitted By: 218-D1010

Submitted Date: 05-12-2022

Submitted Time: 01:27 PM



View Lien Information (DE 2581)

Workers' Compensation Information

Date of Injury:	01-03-2018	ADJ Case Number:	ADJ16109339
Lien Claimant Name (UAN):	EDD SDI SANTA ANA	Lien Claimant Name (Rep):	Eduard Grigorian
Address/ PO Box:	PO Box 1466 Santa Ana, CA 92702 -1466 United States	Phone Number:	800-480-3287
Injured Worker:	JACOB RAMOS	Injured Worker Address:	3805 La Tonia Ct Bakersfield, CA 93313-3076 United States
Employer:	GRIMMWAY FARMS	Employer Address:	14141 DI GIORGIO RD ARVIN, CA 93203 United States
Defense Attorney:		Defense Attorney Phone Number:	
Defense Attorney Address:			
Insurance Carrier:		Insurance Carrier Address:	
Applicant Attorney:	WORKERS DEFENDERS	Applicant Attorney Phone Number:	
Applicant Attorney Address:	751 S WEIR CANYON RD STE 157 455 ANAHEIM, CA 92808 United States		

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Benefit Periods Paid

Lien Type:	Opening	ADJ Case Number:	ADJ16109339
Weekly Rate (\$):	312.00	Daily Rate (\$):	44.57
Start Date:	05-15-2018	End Date:	
No of Days:		Benefits (\$):	
Claim Type:	SDI	MBA (\$):	17955.42



Total benefit payments will not exceed _____. Request is made that these payments be determined and allowed as a lien in the settlement of this case. Upon cessation of payments and on the request of the DWC, an amended "Notice and Request for Allowance of Lien" will be filed to cover the totals paid.

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Document Number	DLN	Document Type	Date
S100000135077656	S100000135077656	2578G Notice of Lien Claim	05-11-2022

Certify For Lien

Lien Claimant Name (Rep): S Eduard Grigorian

I declare I have delivered or mailed a copy of this document to each of the persons named above and listed below.

PROOF OF SERVICE

Additional Information: N/A

Submitted By: 218-D1010

Submitted Date: 05-12-2022

Submitted Time: 01:18 PM



View Lien Information (DE 2581)

Workers' Compensation Information

Date of Injury:	06-01-2015	ADJ Case Number:	ADJ16109334
Lien Claimant Name (UAN):	EDD SDI SANTA ANA	Lien Claimant Name (Rep):	Eduard Grigorian
Address/ PO Box:	PO Box 1466 Santa Ana, CA 92702 -1466 United States	Phone Number:	800-480-3287
Injured Worker:	JACOB RAMOS	Injured Worker Address:	3805 La Tonia Ct Bakersfield, CA 93313-3076 United States
Employer:	GRIMMWAY FARMS	Employer Address:	14141 DI GIORGIO RD ARVIN, CA 93203 United States
Defense Attorney:		Defense Attorney Phone Number:	
Defense Attorney Address:			
Insurance Carrier:		Insurance Carrier Address:	
Applicant Attorney:	WORKERS DEFENDERS	Applicant Attorney Phone Number:	
Applicant Attorney Address:	751 S WEIR CANYON RD STE 157 455 ANAHEIM, CA 92808 United States		

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Lien Type:	Opening	ADJ Case Number:	ADJ16109334
Weekly Rate (\$):	312.00	Daily Rate (\$):	44.57
Start Date:	06-11-2020	End Date:	
No of Days:		Benefits (\$):	
Claim Type:	SDI	MBA (\$):	16224.00



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S100000135077656	S100000135077656	2578G Notice of Lien Claim	05-11-2022

Certify For Lien

Lien Claimant Name (Rep): S Eduard Grigorian

I declare I have delivered or mailed a copy of this document to each of the persons named above and listed below.

PROOF OF SERVICE

Additional Information: N/A

Submitted By: 218-D1010

Submitted Date: 05-12-2022

Submitted Time: 01:29 PM