

Declaration of Compliance and Document Submission

I, _____ declare:

1. I am over the age of 18 and not a party to this action.
2. My business address is:
3. In compliance with Labor Code section 4062.3, I have provided the accompanying documents to [Physician's Name _____] for review.
4. The total number of pages provided is _____.
5. On [Date of Service _____], I served the attached documents on [Recipient's Name _____] at [Recipient's Address _____] by [Method of Service _____].

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

[Declarant's Signature _____]

[Date _____]