

SAMPLE EMPLOYER INC
C/O SAMPLE EMPLOYER INC
201 E WASHINGTON AVE RM C100
RM C100
MADISON WI 53703

WC CLAIM NO: 9999-999999
INJURY DATE: 05/01/85
EMPLOYEE: SAMPLE-SIMPLES, SAMPLE
EMPLOYER: SAMPLE EMPLOYER INC
INSURER NO:

IF YOU CALL OR WRITE US
PLEASE USE WC CLAIM NO.

Dear Attorney Name:

Enclosed is a copy of the transcript of testimony taken at the hearing held by Alj Name
Administrative Law Judge on 01/01/2016.

Thank you for your remittance.

Bureau of Legal Services
Worker's Compensation Division

Enc.

PYMNTRECD