

ADDRESS LINE 1  
ADDRESS LINE 2  
ADDRESS LINE 3

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.

This letter will confirm that you have agreed to act as an interpreter for Sample Sample-Simples at a hearing involving a claim for worker's compensation benefits.

The hearing in this case is scheduled on, at in at in.

The Worker's Compensation Division will pay your fee for serving as an interpreter in this matter. Please forward to us an invoice for your services after the hearing.

By copy of this letter, Attorney Peterson Law Offices is advised that it is very important to notify (interpreter name) at (999) 999-9999 as soon as possible if the hearing is cancelled for any reason.

Please feel free to contact me if you have any further questions.

INTRPRTR

WKC-13093-DHA-E (N. 02/2016) INTRPRTR

**Copy sent to:**  
ATTORNEY PETERSON LAW OFFICES  
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MENOMONIE WI 54751

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