**Alaska Workers’ Compensation Board**

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     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

Employee’s Name )

) **Employee’s Lien for**

vs. ) **Workers’ Compensation**

) **Benefits**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ )

Employer’s Name(s) )

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

AWCB Case No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

COMES NOW Employee and beneficiaries entitled to compensation under the Alaska Workers’ Compensation Act (Act) in this case, and gives notice of, and asserts a lien against the Employer pursuant to AS 23.30.165. This lien is for the full amount of all compensation and other benefits to which Employee and any beneficiaries are entitled under the Act, including attorney fees and costs allowed upon: **All property in connection with construction, preservation, maintenance, or operation of the work Employee was performing at the time of the injury or death**.

This lien includes but is not limited to the following property (list all property): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pursuant to AS 23.30.165, this lien is prior to and paramount to any other lien on the property, except for a lien for wages or materials as provided by law and is of equal rank with a lien for wages or materials. This lien extends to all right, title, interest, and claim of Employer in the property affected by the lien. Prepare a separate lien for each recording district in which business-related property is located and record in each district.

This lien is recorded in the following recording district: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Recording District

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address:

Employee’s or Beneficiary’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee’s or Beneficiary’s Signature

**RETURN RECORDED COPY TO:**

 Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name