

State of California
APPLICATION FOR RETURN TO WORK SUPPLEMENT PAYMENT
LABOR CODE § 139.48
RETURN TO WORK SUPPLEMENT PROGRAM
DEPARTMENT OF INDUSTRIAL RELATIONS

Privacy Notice on Collection of Personal Information

WARNING: any person who knowingly makes or uses a false record or statement material to the claim is liable for treble damages plus a civil penalty of not less than \$5,500 and not more than \$11,000 plus the cost of the action pursuant to the False Claims Act, Government Code sections §§ 12650-12656.

INDIVIDUAL INFORMATION

First Name Alex	MI _____	Last Name Espinosa
Date of Birth 05/26/1978	SSN / ITIN ●●● ●● 2401	
Address 5553 Walnut Blossom Dr Apt 8		
City San Jose	State CA	Zip Code 95123
Email Address alexpelos2000@hotmail.com	Phone Number (669) 234-2444	

INJURY HISTORY

Date of Injury: 12/23/2022

Claim Number: BB-22-304723

Supplemental Job Displacement Benefit (SJDB) Service Date: 11/08/2024

ADJ Number: ADJ18125878

Have you ever received a RTWSP benefit payment before today? ☐ Yes ☒ No

UPLOAD SJDB

Attach SJDB Voucher: Alex Espinosa Signed Voucher.pdf

CERTIFICATION

Residency Certification

- ☒ California Resident- Qualified to do business in California or maintains a permanent place of business in California.
- ☐ California Nonresident - Payments to nonresidents for services may be subject to State income tax withholding.

Penalty of Perjury Certification

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

☒ I certify this on: 01/21/2025

SUBMISSION

Your RTW Number is: RTW1204035

An eligibility determination will be made within the next 60 days and a benefit notice indicating whether or not you qualify for the RTWSP benefit will be mailed to you. To avoid delays in processing your application, please DO NOT submit a second application. Should you have any questions please contact the RTWSP unit at 510-286-0787 or RTWSP@dir.ca.gov.