<< Claimant Name>> ) SOUTH CAROLINA

Claimant, ) WORKERS’ COMPENSATION

) COMMISSION

v. )

) WCC FILE NO: \_\_\_\_\_\_\_\_\_\_\_\_

<< Employer Name>> )

Employer, )

And )

)

<< Carrier Name>>, )

Carrier, Defendants. )

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

**CERTIFICATE OF SERVICE**

This is to certify that the undersigned has served this << name of filing/Form # >> in the above-captioned action upon << opposing party>> to be served by << means of service>> at the addresses shown below on << date>>.

<<Recipient 1>>

<<street address>>

<city, state, zip>

<<Recipient 2>>

<<street address>>

<<city, state, zip>>

Via E-Mail:

<< Recipient’s e-mail address>>

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

Attorney Name

Address

Bar #

Phone

E-mail

<<date>>

<<City>>, South Carolina