

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
WORKERS' COMPENSATION APPEALS BOARD

SEE REVERSE SIDE
FOR INSTRUCTIONS

APPLICATION FOR ADJUDICATION OF CLAIM
(FOR INJURIES OCCURRING ON OR AFTER JANUARY 1, 1990)

STK 110783

ID OR CASE NO.: UNASSIGNED

(READ INSTRUCTIONS BEFORE FILLING OUT APPLICATION - PRINT OR TYPE NAMES AND ADDRESSES)

DONALD MEIDINGER

(INJURED WORKER)

2/4/92

(DATE OF CLAIMED INJURY)

CHRISTOPHER E. BAILEY
MASTAGNI, HOLSTEDT & CHIURAZZI

(ATTORNEY FOR INJURED WORKER)

COUNTY OF SAN JOAQUIN

(EMPLOYER)

KEENAN & ASSOCIATES

(INSURANCE CARRIER OR, IF SELF-INSURED, CERTIFICATE NAME)

(ADJUSTING AGENCY, IF ANY ADMINISTERED)

NOT APPLICABLE

(ATTORNEY FOR EMPLOYER/CARRIER)

(ADDRESS)

(SOCIAL SECURITY NUMBER)

(DATE OF BIRTH)

1912 I STREET, SUITE 102
SACRAMENTO, CALIFORNIA 95814

(ADDRESS)

9503 SOUTH AIRPORT WAY
STOCKTON, CALIFORNIA 95206

(ADDRESS)

392-D CONNORS COURT
CHICO, CALIFORNIA 95926

(ADDRESS WHERE CLAIM ADMINISTERED)

(ADDRESS)

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DIVISION OF
WORKERS COMPENSATION
STOCKTON OFFICE

Venue selection based on: Labor Code Section 5501.5(a)(1) 5501.5(a)(2) 5501.5(a)(3) 5501.5(d)

THIS APPLICATION IS BEING FILED BECAUSE A BONA FIDE DISPUTE EXISTS ON THE FOLLOWING ISSUE(S):

Other Issues

*** MANDATORY ARBITRATION**

Contribution
Insurance Coverage
Permanent Disability
less than 15% 20%

Temporary Disability _____
 Medical Treatment _____
 Permanent Disability _____
 Reimbursement of Medical Expenses _____
 Rehabilitation Appeal _____

(Rehabilitation Appeal must be attached to application)

*(See Instructions - Parties may voluntarily agree to arbitration of any other issue(s))

Describe Nature of Bona Fide Dispute (See Instructions): DEFENDANTS DISPUTE INJURY AOE/COE, EXTENT OF PERMANENT DISABILITY AND NEED FOR FUTURE MEDICAL CARE. WCAB ASSISTANCE IS REQUESTED.

IT IS CLAIMED THAT:

ASSISTANT

1. The injured worker, born _____ while employed as a SUPERVISOR on 2/4/92

at JOB SITE

by the employer sustained injury arising out of and in the course of employment to THIGH, NECK, BACK

2. The injury occurred as follows: PERFORMING NORMAL JOB DUTIES

3. Actual earnings at time of injury: \$MAX 4. The injury caused disability as follows: SUBJECT TO PROOF

(specify last day off work due to this injury and beginning and ending dates of all periods off due to this injury.)

5. Compensation was paid Yes No \$ UNKNOWN \$ _____ / / _____

6. Unemployment insurance or unemployment compensation disability benefits have been received since the date of injury Yes No

7. Medical treatment was received Yes No _____ (date of last treatment) Furnished by employer or carrier Yes No

List physicians or hospitals not provided or paid for by employer _____

(name of person or entity providing or paying for medical care)

8. Reports or records of the following physicians will be offered in evidence and are attached: DR. BRONSHVAG DATED
(list by name and date)

7/2/93

List all other medical reports _____
(list by name and date)

9. The following other documents will be offered in evidence and are attached: _____

10. List other claims of industrial injury or applications filed by this injured worker: STK94437; STK108620;
STK108621 - ALL SETTLED.

(If no application filed, attach copy or copies of Employee's Claim for Workers' Compensation Benefits (Form DWC-1)
If application filed, give case number and location filed.)

NOTE: If additional space is needed to answer Items 1 through 10, attach additional pages to Application.

DECLARATION UNDER PENALTY OF PERJURY

I, CHRISTOPHER E. BAILEY the applicant, applicant's attorney or representative, declare under penalty of perjury that applicant has completed discovery; that all medical reports in my possession or control have been filed and served as required by the WCAB Rules of Practice and Procedure; that a copy of this application together with all supporting documents has been served on opposing parties (see proof of service attached); that applicant is ready to proceed to hearing mandatory arbitration voluntary arbitration on the issues indicated above; that the following efforts to resolve the issues have been made:

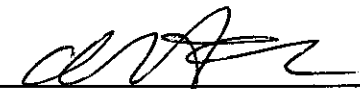
APPLICANT SENT DEMAND FOR SETTLEMENT ON 10/30/94 - NO RESPONSE FROM
DEFENDANTS. WCAB ASSISTANCE IS REQUESTED.

and that applicant expects to present 1 witnesses and I estimate the time required for the hearing will be 1 hours.

(If arbitration selected, Arbitration Submittal Form must be attached.)

Dated at Sacramento, California
(city)

(date)


(applicant's attorney or representative signature)

(applicant's signature)

CHRISTOPHER E. BAILEY
(applicant's attorney or representative)

(applicant's telephone number)

MASTAGNI, HOLSTEDT & CHIURAZZI
1912 I Street
Suite 102
(address and telephone number of attorney or representative)
Sacramento, CA 95814
(916) 446-4692

This Application may not be filed without a dated and completed Employee's Claim for Workers' Compensation Benefits form provided by the employer describing this claim of injury or disability. Attach copy of Employee's Claim for Workers' Compensation Benefits form. (See Instruction #1)

Dcl

BEFORE THE WORKERS' COMPENSATION APPEALS BOARD
OF THE STATE OF CALIFORNIA

DONALD MEIDINGER,

Applicant,

CASE No.: STK 0110783

vs.

REQUEST FOR SPECIAL NOTICE
AND SERVICE
NOTICE OF REPRESENTATION

SAN JOAQUIN COUNTY MOSQUITO ABA and
KEENAN & ASSOCIATES,

Defendants.

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APR 17 1995

DIVISION OF
WORKERS COMPENSATION
STOCKTON OFFICE

TO: THE WORKERS' COMPENSATION APPEALS BOARD AND ALL PARTIES

PLEASE TAKE NOTICE:

The firm of MULLEN & FILIPPI has been retained as
attorneys for SAN JOAQUIN COUNTY MOSQUITO ABATEMENT in this matter.

We request that our firm be entered on the records of
the Workers' Compensation Appeals Board as attorneys for the above-
mentioned party and that copies of all papers, notices and
proceedings be served upon this firm, as well as said defendant.

DATED: April 14, 1995

Parties Served:

Keenan & Associates
392 D Connors Court
Chico, CA 95926

Mastagni, Holstedt & Chiurazzi
1912 "I" Street, #102
Sacramento, CA 95814

MULLEN & FILIPPI

BY:

Mary Anne Violanti
MARY ANNE VIOLANTI
1776 W. March Lane, Ste. 440
Stockton, CA 95207
Telephone: (209) 476-8491