

WORKERS' COMPENSATION APPEALS BOARD
STATE OF CALIFORNIA

Case No. STK 0124216, STK 0124214

DECLARATION OF READINESS
TO PROCEED

NOTICE: "Any objection to the proceedings requested by a Declaration of Readiness to proceed shall be filed and served within ten (10) days after service of the Declaration. (Rule 10416)"

Thomas Beard Applicant

vs.
San Joaquin Mosquito and Vecto
Keenan & Associates Defendants

requests that this case be set for hearing at
31 E. Channel St.
Stockton, CA. 95202
(Place)

The Employee or applicant
 Defendant
 Lien Claimant

and declarant states under penalty of perjury that he or she is presently ready to proceed to hearing on the issues below and has made the following efforts to resolve these issues. Parties have been unable to resolve issues. There has not been any acceptable response by the defendant to applicant
Declarant requests:

Regular Hearing Conference Pre-trial Rating Pre-trial
(SEE REVERSE SIDE FOR INSTRUCTIONS)

At the present time the principal issues are

- Compensation Rate
- Temporary Disability
- Permanent Disability
- Other
- Rehabilitation
- Self-procured Treatment
- Future Medical Treatment

RECEIVED
APR 17 1997
DIVISION C
WORKERS COMPENSATION
STOCKTON OFFICE

Employee is (or) is not presently receiving compensation payments.
Employee's condition following injury is permanent and stationary as shown by the report(s) of Doctor(s) Kornblatt Dated 12/31/96,
filed and served on herein

I expect to present 1 witnesses, including 0 medical witnesses, and estimate the time required for the hearing will be _____ hours.
I have completed discovery and all medical reports in my possession or control have been filed and served as required by WCAB Rules of Practices and Procedure.
Adverse parties have (or) have not served me with medical reports.
Copies of this Declaration have been served this date as shown below.

Name (Print or Type) Farrell, Fraulob & Brown, David G.W. Belden

Declarant's signature [Signature]

Address 2315 Capitol Avenue, Sacramento, CA 95816 Phone 916-442-5835

Date 04/14/97

SERVICE

Type or print names and addresses of parties, including attorneys and representatives served with a copy of this Declaration:

Keenan & Associates, 392 D Connors Court, Chico,, CA 95929

(SEE REVERSE SIDE FOR INSTRUCTIONS)

WORKERS' COMPENSATION APPEALS BOARD

SEE REVERSE SIDE
FOR INSTRUCTIONS

APPLICATION FOR ADJUDICATION OF CLAIM
(PRINT OR TYPE NAMES AND ADDRESSES)

CASE No. STK 124214

RECEIVED
JUN - 4 1996

DIVISION OF
WORKERS COMPENSATION
STOCKTON OFFICE

M r. Thomas Beard

2937 Toyan Drive
(INJURED EMPLOYEE'S ADDRESS AND ZIP CODE)

Social Security No.: 558-76-6159

Stockton, CA 95203

(APPLICANT, IF OTHER THAN INJURED EMPLOYEE)
vs.
San Joaquin Mosquito and Vector Control
(EMPLOYER--STATE IF SELF-INSURED)

(APPLICANT'S ADDRESS AND ZIP CODE)
7759 S. Airport Way
Stockton, CA 95206

Keenan & Associates
(EMPLOYER'S INSURANCE CARRIER OR, IF SELF-INSURED, ADJUSTING AGENCY)

(EMPLOYER'S ADDRESS AND ZIP CODE)
392 D Conners Court
Chico, CA 95929
(INSURANCE CARRIER OR ADJUSTING AGENCY'S ADDRESS)

IT IS CLAIMED THAT:

1. The injured employee, born 09/24/49 (DATE OF BIRTH), while employed as a control tech (OCCUPATION AT TIME OF INJURY)
on CT 1/18/96 (DATE OF INJURY) at Stockton, CA (ADDRESS) (CITY) (STATE) (ZIP CODE)
By the employer sustained injury arising out of and in the course of employment to
left knee (STATE WHAT PARTS OF BODY WERE INJURED)

2. The injury occurred as follows: Cummulative trauma (EXPLAIN WHAT EMPLOYEE WAS DOING AT TIME OF INJURY AND HOW INJURY WAS RECEIVED)

3. Actual earnings at time of injury were: \$16.69 per hour, maximum for TD (GIVE WEEKLY OR MONTHLY SALARY OF HOURLY RATE AND NUMBER OF HOURS WORKED PER WEEK)

(SEPARATELY STATE VALUE PER WEEK OR MONTH OF TIPS, MEALS, LODGING OR OTHER ADVANTAGES REGULARLY RECEIVED)
4. The injury caused disability as follows: TD/PD (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 Y (YES) N (NO) \$Unknown (TOTAL PAID) \$ (WEEKLY RATE) (DATE OF LAST PAYMENT)

6. Unemployment insurance or unemployment compensation disability benefits have been received since the date of injury
N (YES) N (NO)

7. Medical treatment was received Y (YES) N (NO) ongoing (DATE OF LAST TREATMENT) All treatment was furnished by
the Employer or Insurance Company Y (YES) N (NO) Other treatment was provided or paid for by _____

_____ Did Medi-Cal pay for any health care
related to this claim N (YES) N (NO) doctors not provided or paid for by employer or insurance company who treated or examined
for this injury are _____ (STATE NAMES AND ADDRESSES OF SUCH DOCTORS AND NAMES OF HOSPITALS TO WHICH SUCH DOCTORS ADMITTED INJURED)

8. Other cases have been filed for industrial injuries by this employee as follows: left knee, 1989, 6/22/95 (SPECIFY CASE NUMBER AND CITY WHERE FILED)

9. This application is filed because of a disagreement regarding liability for: Temporary disability indemnity X
Permanent disability indemnity X Reimbursement for medical expense _____ Medical treatment X
Compensation at proper rate X Rehabilitation X Other (Specify) All benefits
AND APPLICANT REQUESTS A HEARING AND AWARD OF

THE SAME, AND FOR ALL OTHER APPROPRIATE BENEFITS PROVIDED BY LAW.

Dated at Sacramento (CITY), California, 05/29/96 (DATE)

David G.W. Belden (APPLICANT'S ATTORNEY)
2315 Capitol Avenue
Sacramento, CA 95816


(APPLICANT'S SIGNATURE)
David G.W. Belden for Applicant

(ADDRESS AND TELEPHONE NUMBER OF ATTORNEY)
Farrell, Fraulob & Brown 916-442-5835
DIA WCAB FORM 1 (REV 7/81)

