

STATE OF CALIFORNIA
DWC DISTRICT OFFICE

DOCUMENT COVER SHEET



Is this a new case? Yes ☐ No ☒ Companion Cases Exist ☒ Walkthrough Yes ☐ No ☒

More than 15 Companion Cases ☐

01/06/2014
Date:(MM/DD/YYYY)

SSN: 549-23-5133

ADJ9066508
Case Number 1

☐ Specific Injury

☒ Cumulative Injury 06/01/2004
(Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)
(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: 880

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____

Please check unit to be filed on (check only one box)

☒ ADJ ☐ DEU ☐ SIF ☐ UEF ☐ INT ☐ RSU

Companion Cases

☒ Specific Injury

ADJ7976768
Case Number 2

☐ Cumulative Injury 06/29/2011
(Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)
(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: 880

Body Part 3: 518

Body Part 2: 513

Body Part 4: _____

Other Body Parts: _____

☒ Specific Injury

ADJ7004221

Case Number 3

06/19/2008

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: 513

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____

☒ Specific Injury

ADJ7004227

Case Number 4

07/02/2009

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: 513

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____

☒ Specific Injury

ADJ7010682

Case Number 5

03/26/2009

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: 513

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____



STATE OF CALIFORNIA
DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD
DECLARATION OF READINESS
TO PROCEED TO EXPEDITED HEARING (TRIAL)
[Labor Code section 5502(b)]

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.

ADJ9066508

Case No.

Applicant

TIFFANY

First Name

K

MI

ANDERSON

Last Name

VS

Employer Information

SAN JOAQUIN COUNTY MOSQUITO & VECTOR CONTROL DISTRICT

Employer Name (Please leave blank spaces between numbers, names or words)

7759 S. AIRPORT WAY

Employer Street Address/PO Box (Please leave blank spaces between numbers, names or words)

STOCKTON

City

CA

State

95207

Zip Code

The Declarant requests that this case be set for expedited hearing and decision on the following issues:

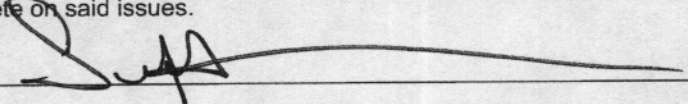
- ☐ Entitlement to medical treatment per Labor Code section 4600.
- ☒ Entitlement to temporary disability, or disagreement on amount of temporary disability.
- ☐ Appeal from a determination of the Rehabilitation Unit finding entitlement to or terminating liability for rehabilitation services, or enforcement of an order of the Rehabilitation Unit.
- ☐ Entitlement to compensation is in dispute because of a disagreement between employers and/or carriers.

Declarant states under penalty of perjury that he or she has made the following specific, genuine, good faith efforts to resolve the dispute(s) listed above:

Plaintiff has repeatedly requested fundamental documents from the Defendant to prove my exposure claim. A PQME exposure evaluation is now set for January 23, 2014, with Dr. Thomas Allems. Plaintiff agreed to reset this PQME from October 24, 2013, due to Defendant's promise to send all documents out by November 28, 2013. Now the counsel for the Defendant claims to be unable to communicate with me even though I am unrepresented since March 8, 2011. I would like to have the March 8, 2011 Stipulation set aside as it was based upon extreme duress upon me, without counsel present. These delay tactics by Defendant have caused me both financial hardship and denied me access to medical care.

Declarant states under penalty of perjury that there is a bona fide dispute; that he/she is presently ready to proceed to hearing; that his/her discovery is complete on said issues.

Declarant's Signature



TIFFANY K. ANDERSON, PRO SE
Name and Law Firm (Print or Type)

2 N. AVENA AVENUE, LODI, CA 95240

Address (Please leave blank spaces between numbers, names or words)

+1 (209) 625-8587

Phone Number

Date 01/06/2014

MM/DD/YYYY

DOCUMENT SEPARATOR SHEET



Product Delivery Unit ADJ

Document Type LEGAL DOCS

Document Title DECLARATION OF READINESS TO PROCEED TO EXPEDITED HEARING

Document Date 01/06/2014
MM/DD/YYYY

Author TIFFANY KAY ANDERSON

Office Use Only

Received Date _____
MM/DD/YYYY

Proof Of Service By Mail

I declare that: I am Tiffany Anderson, I am unrepresented and the Plaintiff in this matter and I am (resident of/employed in) the county of San Joaquin California. I am over the age of eighteen years, my (business/residence) address is:

2 N. Avena Avenue, Lodi, CA 95240

On 01/07/2014, I served the attached Declaration of Readiness/Hrg. on the Defendant _____ in said case, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully paid, in the United State mail at Lodi, California addressed as follows _____

SJCM&VCD, 7759 S. Airport Way, Stockton, CA 95206

Stockwell Harris, 1545 River Park Drive, Ste. 330, Sacramento, CA 95815-4616

AIMS, P.O. Box 269120, Sacramento, CA 95826

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on

(date) 01/07/2014, at Lodi California.

Type or print name Tiffany Anderson

Signature 