

STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF WORKERS' COMPENSATION

MINUTES OF HEARING

Case No. ADJ 7004221  
ADJ 7064227 ADJ 7010682

Date of Hearing (MM/DD/YYYY) 01/18/2011

Hearing Information

Before  AT  Trial  Conf  MSC  EXP. HEARING  Lien Walk-Thru

Request Date (MM/DD/YYYY) \_\_\_\_\_

Applicant

First Name TIFFANY MI

Last Name ANDERSON

VS

Defendants

Employer Name (Please leave blank spaces between numbers, names or words) SAN JOAQUIN COUNTY MOSQUITO & VECTOR CONTROL

Appearances

Applicant	<input type="checkbox"/> Present	<input checked="" type="checkbox"/> Not Present	Attorney	Hearing Rep
Applicant Represented By	_____		<input type="checkbox"/>	<input type="checkbox"/>
Defendant Represented By	<u>HILARY McLAUGHLIN</u>		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Others Appearing	_____		<input type="checkbox"/>	<input type="checkbox"/>

Interpreter \_\_\_\_\_ Cert. No. \_\_\_\_\_

Party Making Request

Joint  Applicant  Defendant  Other \_\_\_\_\_

Request For:  Continuance  OTOC Request By:  Letter  Telephone

Position of Opposing Party

Agree  Oppose  Unreachable  Unknown

**Decision**

OTOC

C&R / STIPS Submitted for Approval

C&R / STIPS Approved

LIEN STIPS and ORDER Approved

N.O.I. to Allow/Disallow Issued

MSC

CONF

TRIAL

LIEN TRIAL

CONTD TESTIMONY

Set On \_\_\_\_\_ At \_\_\_\_\_  
MM/DD/YYYY

Location \_\_\_\_\_

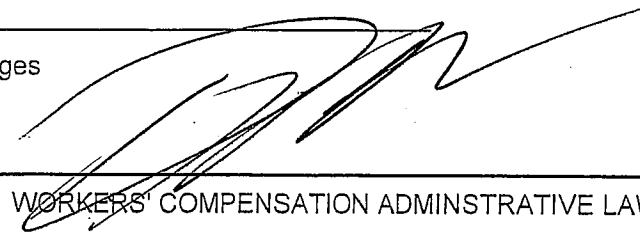
Before Judge \_\_\_\_\_

Supplemental Pages Attached \_\_\_\_\_ Pages

Date - MM/DD/YYYY

1/18/11

WORKERS' COMPENSATION ADMINISTRATIVE LAW JUDGE



Notice To   A  

Pursuant to Rule 10500 you are designated to serve this/these document(s) on all parties.

Served on parties and lien claimants present.

NOTICE TO PARTIES: Disability accommodation is available upon request. Any person with a disability requiring an accommodation, auxiliary aid or service, or a modification of policies or procedures to ensure effective communication and access to the programs of the Division of Workers' Compensation should contact the Disability Accommodation Coordinator at the local District Office of the WCAB, or the state-wide Disability Accommodation Coordinator at 1-866-681-1459 (toll free). The state-wide Coordinator can also be reached through the California Relay Service, by dialing 711 or 1-800-735-2929 (TTY) or 1-800-855-3000 (TTY-Spanish).

Accommodations can include modifications of policies or procedures or provision of auxiliary aids or services. Accommodations include, but are not limited to, an Assistive Listening System (ALS), a Computer-Aided Transcription System or Communication Access Realtime Translation (CART), a sign language interpreter, documents in Braille, large print or on computer disk, and audio cassette recording. Accommodation requests should be made as soon as possible. Requests for an ALS or CART should be made no later than five (5) days before the hearing