



## DIVISION OF WORKERS' COMPENSATION

### WORKERS' COMPENSATION APPEALS BOARD

# NOTICE OF HEARING

DATE OF SERVICE: 01/22/2014

EAMS CASE NBR(s): ADJ9066508

**EMPLOYEE:** TIFFANY ANDERSON

**EMPLOYER:** SAN JOAQUIN COUNTY MOSQUITO AND VECTOR CONTROL

**INSURER:** ACCLAMATION SACRAMENTO

**TYPE OF HEARING:** Expedited Hearing

**DATE OF HEARING:** 02/12/2014 WEDNESDAY

**TIME OF HEARING:** 01:30 P.M.

**HEARING LENGTH (HOURS):**

**LOCATION:** 31 E. CHANNEL STREET  
#344  
STOCKTON CA 95202

*Map available at: <http://www.dir.ca.gov/dwc/dir2.htm>*

**JUDGE:** W. Kearse McGill  
209 948-7759

### SPECIAL COMMENTS/INSTRUCTIONS:

You are hereby notified that the above entitled case is set for hearing before the Division of Workers' Compensation of the State of California. Continuances are not favored and will be granted only upon clear showing of good cause. Please arrive before scheduled appearance time.

**NOTICE TO PARTIES:** **Disability Accommodation is available upon request.** Individuals with a disability requiring a reasonable accommodation (such as an 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 DWC, or the **Statewide Disability Accommodation Coordinator** at 1-866-681-1459 (toll free) or through the **California Relay Service**, by dialing 711 or 1-800-735-2929 (TTY) or 1-800-855-3000 (TTY-Spanish).

Accommodations can include reasonable modifications of procedures or the provision of auxiliary aids or services including, but not limited to, assistive listening devices (ALD), Computer-Aided Realtime Translation (CART), sign language interpreters, documents in alternative formats, magnifiers, and audio cassette recordings. **Accommodation requests should be made as soon as possible and at least five (5) days before the hearing, especially for requests for an ALD, a sign language interpreter, or CART.**

NOTICE TO INSURER : The employer will not receive Notice of Hearing.

WC01



## DIVISION OF WORKERS' COMPENSATION

### WORKERS' COMPENSATION APPEALS BOARD

# NOTICE OF HEARING

DATE OF SERVICE: 01/22/2014

EAMS CASE NBR(s): ADJ7976768

EMPLOYEE: TIFFANY ANDERSON

EMPLOYER: SAN JOAQUIN MOSQUITO AND VECTOR CONTROL DISTRICT

INSURER: ACCLAMATION SACRAMENTO

TYPE OF HEARING: Expedited Hearing

DATE OF HEARING: 02/12/2014 WEDNESDAY

TIME OF HEARING: 01:30 P.M.

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## DIVISION OF WORKERS' COMPENSATION

### WORKERS' COMPENSATION APPEALS BOARD

# NOTICE OF HEARING

DATE OF SERVICE: 01/22/2014

EAMS CASE NBR(s): ADJ7010682

EMPLOYEE: TIFFANY ANDERSON

EMPLOYER: SAN JOAQUIN MOSQUITO AND VECTOR CTL

INSURER: ACCLAMATION SACRAMENTO

TYPE OF HEARING: Expedited Hearing

DATE OF HEARING: 02/12/2014 WEDNESDAY

TIME OF HEARING: 01:30 P.M.

HEARING LENGTH (HOURS):

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JUDGE: W. Kearsce McGill  
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## DIVISION OF WORKERS' COMPENSATION

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# NOTICE OF HEARING

**DATE OF SERVICE:** 01/22/2014

**EAMS CASE NBR(s):** ADJ7004227

**EMPLOYEE:** TIFFANY ANDERSON

**EMPLOYER:** SAN JOAQUIN COUNTYIF MOSQUITO AND VECTOR CONTROL DISTRIC

**INSURER:** ACCLAMATION SACRAMENTO

**TYPE OF HEARING:** Expedited Hearing

**DATE OF HEARING:** 02/12/2014 WEDNESDAY

**TIME OF HEARING:** 01:30 P.M.

**HEARING LENGTH (HOURS):**

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**JUDGE:** W. Kearsa McGill  
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# NOTICE OF HEARING

DATE OF SERVICE: 01/22/2014

EAMS CASE NBR(s): ADJ7004221

EMPLOYEE: TIFFANY ANDERSON

EMPLOYER: SAN JOAQUIN COUNTY MOSQUITO AND VECTOR CONTROL DISTRICT

INSURER: ACCLAMATION SACRAMENTO

TYPE OF HEARING: Expedited Hearing

DATE OF HEARING: 02/12/2014 WEDNESDAY

TIME OF HEARING: 01:30 P.M.

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