



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

MINUTES OF HEARING

Case No. ADJ 7004221 ; ADJ 7004227 ; ADJ 7010682

Date of Hearing (MM/DD/YYYY) 03/08/2011

Hearing Information

Before AT Trial Conf MSC EXP. HEARING Lien

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 AND VECTOR CONTROL DIST

Appearances

Applicant	<input checked="" type="checkbox"/> Present	<input type="checkbox"/> Not Present	Attorney	Hearing Rep
Applicant Represented By	_____		<input type="checkbox"/>	<input type="checkbox"/>
Defendant Represented By	<u>STOCKWELL HARRIS SACRAMENTO by Sham Didi</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

3/8/11

Date - MM/DD/YYYY

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