

STATE OF CALIFORNIA  
WORKERS' COMPENSATION APPEALS BOARD

Tiffany Anderson Applicant

San Joaquin County Mosquito & Vector Control; AIMS Defendants.

Case No. ADJ7976768

MINUTES OF HEARING  
and/or ORDER & DECISION on CONTINUANCE  
or ORDER TAKING OFF CALENDAR REQUEST  
and/or NOTICE OF HEARING

- BEFORE  AT  
 TRIAL  MSC  WALK THRU  
 CONF.  EXP HEARING  LIEN CONF

DATE OF: HEARING 3/12/13 REQUEST \_\_\_\_\_

APPEARANCES APPLICANT  PRESENT  NOT PRESENT

APPLICANT REPRESENTED BY \_\_\_\_\_  ATTORNEY  HEARING REP.  
 DEFENDANT REPRESENTED BY Stockwell Harris-Kyle Horan  ATTORNEY  HEARING REP.  
 OTHERS APPEARING \_\_\_\_\_  ATTORNEY  HEARING REP.  
 INTERPRETER \_\_\_\_\_ CERTIFICATION NO. \_\_\_\_\_

[PARTIES ARE NOT TO WRITE BELOW HERE]

PARTY MAKING REQUEST:  JOINT  APPLICANT  DEFENDANT  OTHER \_\_\_\_\_  
 REQUEST FOR:  CONTINUANCE  OTOC REQUEST BY:  LETTER  TELEPHONE  
 POSITION OF OPPOSING PARTY:  AGREE  OPPOSE  UNREACHABLE  UNKNOWN

- |  |  |
|--|--|
| REASON FOR REQUEST   | BOARD REASON   |
| <input type="checkbox"/> FURTHER DISCOVERY: <input type="checkbox"/> APP MED <input type="checkbox"/> DEFENDANT MED <input type="checkbox"/> AME <input type="checkbox"/> DEPO <input type="checkbox"/> INSUFFICIENT TIME <input type="checkbox"/> TO START <input type="checkbox"/> TO FINISH | <input type="checkbox"/> REASSIGNMENT: <input type="checkbox"/> REFUSED <input type="checkbox"/> NOT AVAILABLE     |
| <input type="checkbox"/> CALENDAR CONFLICT: <input type="checkbox"/> APPLICANT <input type="checkbox"/> DEFENSE <input type="checkbox"/> L.C.  | <input type="checkbox"/> REPORTER <input type="checkbox"/> INTERPRETER <input type="checkbox"/> NOT AVAILABLE      |
| <input type="checkbox"/> SETTLEMENT PENDING  | <input type="checkbox"/> WCJ NOT AVAILABLE <input type="checkbox"/> RECUSAL  |
| <input type="checkbox"/> IMPROPER/INSUFFICIENT NOTICE BY PARTY   | <input type="checkbox"/> UEF ISSUES <input type="checkbox"/> SERVICE DEFECTIVE <input type="checkbox"/> BANKRUPTCY |
| <input type="checkbox"/> IMPROPER DECLARATION OF READINESS/VALID OBJECTION   | <input type="checkbox"/> DEFECTIVE WCAB NOTICE   |
| <input type="checkbox"/> NON-APPEARANCE <input type="checkbox"/> APP <input type="checkbox"/> DEF <input type="checkbox"/> LIEN CLAIMANT <input type="checkbox"/> WITNESS PENDING  | <input type="checkbox"/> ARBITRATION   |
| <input checked="" type="checkbox"/> APPLICANT <input type="checkbox"/> DEF COUNSEL <input type="checkbox"/> VACATION <input checked="" type="checkbox"/> ILLNESS   | OTHER/COMMENTS _____   |
| <input type="checkbox"/> UNAVAILABILITY OF WITNESSES <input type="checkbox"/> APP <input type="checkbox"/> DEFENSE   | _____  |
| <input type="checkbox"/> DISPUTE RESOLVED BY AGREEMENT <input type="checkbox"/> NO ISSUE PENDING   | _____  |
| <input type="checkbox"/> JOINDER <input type="checkbox"/> CONSOLIDATION <input type="checkbox"/> VENUE <input type="checkbox"/> NEW APPLICATION  | _____  |
| <input type="checkbox"/> AUTO REASSIGN <input type="checkbox"/> DISQUALIFY <input type="checkbox"/> APP <input type="checkbox"/> DEFENDANT   | _____  |
| <input type="checkbox"/> APPLICANT NOW REPRESENTED <input type="checkbox"/> REQUESTS REPRESENTATION  | _____  |
| <input type="checkbox"/> CHANGE OF CIRCUMSTANCES   |  |

GOOD CAUSE APPEARING, IT IS ORDERED THAT THE REQUEST FOR  CONT  OTOC IS  GRANTED  DENIED  
 \_\_\_\_\_ DAYS FOR  C&R  STIPS, OTHERWISE:  OTOC  RESET \_\_\_\_\_

- OTOC  C&R/STIPS SUBMITTED FOR APPROVAL  C&R/STIPS APPROVED  STIP & ORDER  
 LIEN STIPS AND ORDER APPROVED  N.O.I. TO ISSUE  
 SET FOR  MSC  CONF  TRIAL  LIEN TRIAL  CONTD TESTIMONY TIME  1 HR  2 HRS  4 HRS  \_\_\_\_\_

DAY 4/30/13 AT 130 LOCATION Stockton BEFORE JUDGE McGill  
 SUPPLEMENTAL PAGES ATTACHED \_\_\_\_\_ PAGES  
 DATE 3/12/13  
W. Kearse McGill  
 W. KEARSE MCGILL  
 WORKERS' COMPENSATION JUDGE

NOTICE TO Δ counsel Pursuant to Rule 10500 you are designated to serve this/these document(s) on all parties as shown on the Official Address Record. Service on designated server with a copy of the official address record.  
 Date \_\_\_\_\_ By \_\_\_\_\_  
 Served on parties and lien claimants present

1 STOCKWELL HARRIS SACRAMENTO  
2 KALIE WIKEL  
3 (916) 924-1862  
4 Kalie\_Wikel@shww.com

5 RE: Anderson, Tiffany vs. San Joaquin County Mosquito & Vector Control District

6 PROOF OF SERVICE

7 STATE OF CALIFORNIA

8 COUNTY OF SACRAMENTO

9 I am in the County of Sacramento, State of California. I am over the age of 18 years  
10 and not a party to the within action. My business address is 1545 River Park Drive, Suite 330,  
11 Sacramento, California 95815-4616.

12 On March 15, 2013, I served the foregoing document described as: **MINUTES OF**  
13 **HEARING/NOTICE OF HEARING** on all interested parties in this action by placing a true  
14 copy thereof enclosed in a sealed envelope with postage thereon fully prepaid in the United  
15 States mailed at Sacramento, California, addressed as follows:

16 Ms. Karen Jellison  
17 AIMS  
18 P.O. Box 269120  
19 Sacramento, CA 95826-9120  
20 \*Via Email\*

21 Ms. Tiffany Anderson  
22 2 N. Avena Ave  
23 Lodi, CA 95240

24 ARS Legal  
25 13925 Whittier Boulevard  
26 Whittier, CA 90605  
27 (lien claimant)

28 I certify, under penalty of perjury, that the foregoing is true and correct.

Executed on March 15, 2013, at Sacramento, California.

By: Heidi Valentine  
Heidi Valentine