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Imployer #4 Information (Completion this section is required) Insured Self-insured Legally Uninsured			
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		DJ7004107 D-SE13-1FBF4072E1243
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		Body Part 3:
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Body Part 4:	Other Body Parts:	
by the employer(s) and their	insurer(s) listed above and who	sustained injury(les) arising out of and in the course of employment t
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		u injured)
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		for which indemnity	has been paid at \$	602.59	_ per week.	
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Any accrued claims for Labor Code s n.5814 penalties are included the stipulations: Other stipulations: RE ATTACHED ADDENDUM INCORPORATED HEREIN				
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Address/FO Box (Fibaso iouvo		CA	95815	
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Defendant's Attorney or Authorized Law Firm/Attorney	Representative: Ion Attorney Representative	/		
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DWC-CA form 10214 (a) Page 9 (Rev 11/2008)



RE: WCAB: ANDERSON, TIFFANY VS. SAN JOAQUIN COUNTY MVCD ADJ7010682; ADJ7004221;

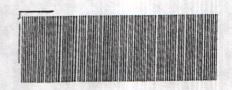
ADDENDUM TO STIPULATIONS WITH REQUEST FOR AWARD - PARAGRAPH 9

Permanent disability is based on Panel QME Dr. Tabaddor dated June 8, 2010, August 20, 2010 and September 7, 2010 at 2% permanent disability. This settlement resolves any and all claims for temporary disability (medical, TPD, TTD, wage loss, or any other form of TD) through the date of the award. This settlement resolves any and all claims of penalty(s), filed or not, including but not limited to Labor Code Sections 4650 and 5814 related to untimely payment and/or alleged failure to pay TD, PD, medicallegal or medical treatment, mileage/transportation, out-of-pocket expenses, home care/housekeeping or any other benefit. Any previously submitted claims for benefits need to be resubmitted with time as specified by the labor code to pay. The parties stipulate that there are no other claims or issues for workers' compensation benefits at this time. The parties stipulate no interest will be owing on accrued sums if payment is made within 30 days of this award.

Defendant entitled to a future indemnity credit of \$2,225.42 against the case eited herein as well as ADJ7004227 (date of injury: June 19, 2008). The applicant dismisses any claims or rights to workers' compensation benefits regarding the third right knee claim on or about July 2, 2009 (ADJ7004227). Defendant enjoys a future indemnity claim asserted in either ADJ7004227 (date of injury: June 19, 2008) or ADJ7010682 (date of injury: March 26, 2009). The attorney fees of \$621.00 will be paid in addition to the sums outlined herein.

Defendants waive all claims of overpayments against future TX indemnity in ADJ 7010682 or ADJ 70004227

Applicant waives all claims of additional periods of disability, incorrect rate for disability paid or underpayment of benefits



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

MINUTES OF HEARING

AN 7004221; AN 7004227; AN 7010682 Case-No.	Date of Hearing (MM/DD/YYYY)
Hearing Information Before AT Trial Conf MSC Request Date (MM/DD/YYYY)	EXP. HEARING Lien
Applicant	
TIFFANY	
First Name	MI
ANDERSON	
Last Name VS	
Defendants	
SAN JOAQUIN COUNTY MOSQUITO AND VECTOR CO Employer Name (Please leave blank spaces between numbers, names or w	ONTROL DIST vords)
Appearances	Attorney Hearing
Applicant Present Not Present	Attorney meaning
Applicant Represented By	
Defendant Represented By SCCKWELL HARRIS SACRAMENTO	by Gram Och
Others Appearing	
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	
DWC-CA form 10245 (11/2008) (Page 1/2)	

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PROOF OF SERVICE

STATE OF CALIFORNIA

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COUNTY OF SACRAMENTO

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

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Stipulations with Request for Award dated March 8, 2011 on all interested parties in this

I served the foregoing document described as: Minutes of Hearing, Award and

action by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully

prepaid in the United States mailed at Sacramento, California, addressed as follows:

Ms. Tiffany Anderson 2 N. Avena Ave

Lodi, CA 95242

Ms. Mackenzie Dawson

AIMS Insurance (Sacramento)

Post Office Box 269120

Sacramento, California 95826-9120

(SEND ALL CORRESPONDENCE AND ENCLOSURES VIA E-MAIL ONLY)

Mr. John Stroh

San Joaquin County Mosquito & Vector Control District

7759 S. Airport Way

Stockton, CA 95206

Mr. Ronald M. Stein

Ronald M. Stein Law Offices

4521 Quail Lakes Drive

Stockton, CA 95207

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

Executed on March 14, 2011, at Sacramento, California.