

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

MINUTES OF HEARING

ADJ 7004227; 7010682; 7004221 Case No. 7976768	Date of He	earing (MM/D	D/YYYY)	<u>-</u>
Hearing Information				· · · · · · · · · · · · · · · · · · ·
Before AT Trial Conf MSC EXP.	. HEARING	Lien		
Request Date (MM/DD/YYYY)				
Applicant				
Tiffany	· · · · · · · · · · · · · · · · · · ·	-		
First Name		MI		
Anderson Last Name				
VS Defendants		4 J		
San Joaquin Mosquito & Vector Control; AIMS Employer Name (Please leave blank spaces between numbers, names or words				
Applicant Represented By			Attorney	Hearing R
Defendant Represented By Stockwell Hams: Kyle Hassen	3			
Others Appearing				
Interpreter		Cert. No		-
Party Making Request			*	
Joint Applicant Defendant Other	·			· · · · · · · · · · · · · · · · · · ·
Request For: Continuance OTOC Request By: Lett	ter	Teleph	one	
Position of Opposing Party				1.
Agree Oppose Unreachable Unknown DWC-CA form 10245 (11/2008) (Page 1)				

R	eason For Request
	Applicant: Illness Applicant Now Represented Applicant Requests Representation
	Applicant: Vacation Calendar Conflict: Applicant Calendar Conflict: Defense
	Calendar Conflict: Lien Claimant Change of Circumstances Consolidation Defense: Illnes
	Defense: Vacation Dispute Resolved by Agreement Further Discovery: App Med
	Further Discovery: Def Med Further Discovery: AME Further Discovery: Depo
Ē	Improper/Insufficient Notice by Party Joinder New Application No Issues Pending
	Non Appearance: Applicant Non Appearance: Defense Non Appearance: Lien Claimant
	Non Appearance: Witness Settlement Pending Unavailability of Witnesses: Applicant
	Unavailability of Witnesses: Defense Venue
_	
H08	ard Reason
	Arbitration Bankruptcy Pending Defective Notice Insufficient Time to Start
<u></u>	
Ш	Insufficient Time to Finish Interpreter Not Available Recusal Reporter Not Available
	Service Defective UEF Issues WCJ Not Available
X	Other/ Comments
	Applicant has reviewed defendants proposed records to
	be provided to Dr. Tabaddor for the Mach 27, 2012 evaluation
	with T&A office of Stockton WCB.
	Applicant is in agreement with records defendant
	wants to provide to Dr. Tabaddor.
٠.	proposent to provide defendant with cover letter and
	proposed letter to Dr. Tabaddor by the end of business on
	Trenday Mach 2d 2012.
	records (ren)
	records (KeH)
1	
L	
ood	Cause Appearing, It is Ordered That the Request For
	Continuous C
'	Continuance Granted Continuance Denied OTOC Granted OTOC Denied
	Days For C&R STIPS OTOC
1	
+	

Decision				
Т отос	C&R / STIPS Sub	mitted for Approval	C&R / STIP	S Approved
LIEN STIPS and ORI	DER	N.O.I. to Allow/Disallow	/ Issued	
MSC CONF	TRIAL LIEN	TRIAL CONTE	TESTIMONY	
Set On At		· · · · · · · · · · · · · · · · · · ·		
Location				
Before Judge	· ·			<i>7</i> 1
Supplemental Pages A	ttached	_Pages	Med	
Date - MM/DD/YYYY		We	W. Kearse McGill	
Notice To K. Hanse	2		rkers' Compensation 0500 you are designat parties	_
			•	• .
Served on parties and li	en 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

STOCKWELL HARRIS SACRAMENTO KALIE WIKEL (916) 924-1862 Kalie_Wikel@shww.com 1 RE: Anderson, Tiffany vs. San Joaquin County Mosquito & Vector Control District 2 3 (ADJ7004221) PROOF OF SERVICE 4 5 STATE OF CALIFORNIA 6 COUNTY OF SACRAMENTO I am in the County of Sacramento, State of California. I am over the age of 18 years 7 and not a party to the within action. My business address is 1545 River Park Drive, Suite 330, 8 9 Sacramento, California 95815-4616. On March 20, 2012, I served the foregoing document described as: MINUTES OF 10 HEARING on all interested parties in this action by placing a true copy thereof enclosed in a 11 sealed envelope with postage thereon fully prepaid in the United States mailed at Sacramento, 12 13 California, addressed as follows: 14 Ms. Tiffany Anderson 15 2 N. Avena Ave Lodi, CA 95240 16 Ms. Mackenzie Dawson 17 AIMS Insurance (Sacramento) Post Office Box 269120 18 Sacramento, California 95826-9120 19 *Via Email* 20 ARS Legal 13925 Whittier Blvd. 21 Whittier, CA., 90605 (lien claimant) 22 I certify, under penalty of perjury, that the foregoing is true and correct. 23 Executed on March 20, 2012, at Sacramento, California. 24 25 Heidi Valentine 26

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