

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

WORKERS' COMPENSATION APPEALS BOARD

Case No. **ADJ486529**

OF APPLICATION HAS WHEN FILED, CASE NUMBER
MUST BE INDICATED REGARDING OF DATE OF INJURY

Donald Meidinger

vs.

San Joaquin County Mosquito, et al.

Claimant/Applicant

Employer/Insurance Carrier/Defendant

SUBPOENA

The People of the State of California Send Greetings to:

c/o

Tiffany Anderson

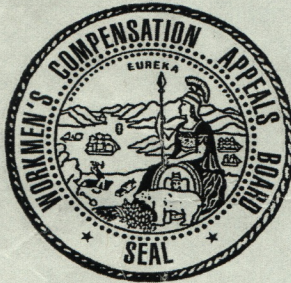
YOU ARE HEREBY COMMANDED to appear before **Worker's Compensation Appeals Board**
Judge Crawford

31 E Channel Street #344

Stockton, CA 95202-2314

on the 26 day of August, 20 10, at 09:30 o'clock A. M., to testify in the above-entitled action.

For failure to attend as required, you may be deemed guilty of contempt and liable to pay to the parties aggrieved all losses and damages sustained thereby and forfeit one hundred dollars in addition thereto. This subpoena is issued at request of **Adam J. Stewart, Esq.**, Telephone No. **(209) 526-0522**



WORKERS' COMPENSATION APPEALS BOARD
OF THE STATE OF CALIFORNIA

Secretary, Assistant Secretary, Workers' Compensation Judge

Date July 27, 20 10

This subpoena does not apply to any member of the Highway Patrol, Sheriff's Office or city Police Department unless accompanied by notice from the Board that deposit of the witness fee has been made in accordance with Government Code 68097.2, et seq.

FOR INJURIES OCCURRING ON OR AFTER JANUARY 1, 1990 AND BEFORE JANUARY 1, 1994:

If no Application for Adjudication of Claim has been filed, a declaration under penalty of perjury that the Employee's Claim for Workers' Compensation Benefits (Form DWC-1) has been filed pursuant to Labor Code Section 5401 must be executed properly.

[SUBPOENA INVALID WITHOUT DECLARATION]

Keith
Margan
me
Larry
Richard
John
Jane
Bob
Ed L
Steve A
Mary H

8-12 @ 1:00
Sacramento

Control No: 52297 CL8

**DECLARATION FOR INJURIES OCCURING ON OR AFTER
JANUARY 1, 1990 AND BEFORE JANUARY 1, 1994
FOR WHICH AN APPLICATION FOR ADJUDICATION OF CLAIM HAS NOT BEEN FILED**

Case No: ADJ486529

STATE OF CALIFORNIA, County of **Alameda**

The undersigned states: **Law Offices of Moorad, Clark & Stewart**
That he / she is (one of) attorney(s) of record / representative(s) for the **Applicant** in the action captioned on the reverse hereof, and that an Employee's Claim for Workers' Compensation Benefits (DWC Form 1) has been filed in accordance with Labor Code Section 5401 and California Code of Regulations, title 8, section 10120 (Administrative Director's Rules and Regulations), by the alleged injured worker in this action, or, if the worker is deceased, by the dependent(s) of the decedent, and that a true copy of the form filed is attached hereto.

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

Executed on July 27, 20 10, at Dublin, California.

/S/ Adam J. Stewart, Esq. 1020 - 15th Street, Suite 22 (209) 526-0522
Name Address Phone

DECLARATION OF SERVICE

STATE OF CALIFORNIA, County of _____.

I, the undersigned state that I served the foregoing subpoena by delivering a true copy thereof, together with a copy of the Declaration in support thereof, to each of the following named persons, personally, at the date and place set forth opposite each name.

<u>Name of Person Served</u>	<u>Date</u>	<u>Place</u>
		Tiffany Anderson 2 North Avena Avenue Lodi, CA 95240

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

Executed on _____, 20____, at _____, California.

Signature