

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**

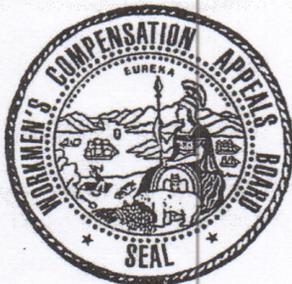
Judge Crawford

31 E Channel Street #344

Stockton, CA 95202-2314

on the **26** day of **August**, 20 **10**, at **08:30** 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

[Signature]
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]

[SUBPOENA IN VITAM ALIENI DECIUATION]

attached hereto:

Claim for Workers Compensation Benefits (Form DWC-1) has been filed pursuant to Labor Code Section 2401 and it is no application for adjudication of claim has been filed, a declaration must be filed by the employer

FOR THE PURPOSES OCCURRING ON OR AFTER TWENTY-NINE (29) JANUARY 1980 AND BEFORE TWENTY-NINE (29) JANUARY 1981:

Code Section 2401, et seq. accompanied by notice from the Board that report of the witness has not been made in accordance with Government Code Section 2401, et seq. and members of the Industrial Union, Sheriff's Office of San Diego County Sheriff's Office.



Date: _____

OF THE STATE OF CALIFORNIA
WORKERS COMPENSATION APPEALS BOARD

Telephone No. (562) 258-0253
For return to agent or attorney for the party to whom the subpoena is directed, please contact the undersigned at the address indicated below. This subpoena is issued in the name of the State of California.

Subpoena No. _____
Subpoenaed Party: _____

Director of Workers Compensation

31 E. California Street, Suite 2000

YOU ARE HEREBY COMMANDED to appear before Workers Compensation Appeals Board
Therese Anderson
at

The People of the State of California send Greetings to:

SUBPOENA

Claimant/Plaintiff

Employer/Defendant

Donald H. Anderson

San Diego County Sheriff's Office

THIS IS TO BE FILED WITH THE CLERK OF THE COURT OF APPEALS OF THE STATE OF CALIFORNIA

Case No. AD798253

WORKERS COMPENSATION APPEALS BOARD

DIAGRAM OF WORKERS COMPENSATION
REVENUE OF INDUSTRIAL RELATIONS
STATE OF CALIFORNIA

8-12 @ 1:00
Sacramento

Control No: 52297 CL8

DECLARATION FOR INJURIES OCCURRING 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

Schard
John
Paul
Bob

STATE OF CALIFORNIA, County of **Alameda**

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Teva
my

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.

<u>/S/ Adam J. Stewart, Esq.</u>	<u>1020 - 15th Street, Suite 22</u>	<u>(209) 526-0522</u>
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

2005/05/25

Executed on 05/25/05 at Durham, California

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

Name of Person Being

Sworn

Case No. 05000000
2005/05/25
JAMES W. WILSON
Name

over name

Declaration is subject to each of the following penalties: perjury, in the case and there are other offenses
I am under the penalty of perjury that I signed the foregoing instrument only for the purpose of obtaining a true copy thereof, together with a copy of the

STATE OF CALIFORNIA, County of

DECLARATION OF SERVICE

Name Address Phone

101 Adams St, San Francisco, CA 94102
1050 - 12th Street, Suite 55
(415) 236-0235

Executed on 05/25/05 at Durham, California

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

penalty of the perjury, and that a true copy of the form filed is attached hereto.
Process, a judge and commissioner, by the officer named in this section or if the officer is deceased, by the de-
in accordance with Civil Code Section 2401 and California Code of Regulations, title 8, section 10130 (Administrative
on the return period, and that an Employer's Status for Workers' Compensation Benefits (DWC Form 1) has been filed
This is a true and correct copy of the original instrument, and I am under the penalty of perjury that I signed the foregoing instrument only for the purpose of obtaining a true copy thereof, together with a copy of the

STATE OF CALIFORNIA, County of Alameda

Case No. 05000000

FOR WHICH AN APPLICATION FOR SUBSTITUTION OF CLERK HAS NOT BEEN FILED
JULY 1, 1999 AND BEFORE JULY 1, 1999
DECLARATION FOR PURPOSES OCCURRING ON OR AFTER

Case No. 05000000

Handwritten notes and signatures on the left margin, including a date '05/25/05' and a signature.

Handwritten notes and a signature in a box at the bottom left, including the date '05-25-05' and a signature.