

STATE OF CALIFORNIA  
DWC DISTRICT OFFICE

DOCUMENT COVER SHEET



Is this a new case? Yes  No  Companion Cases Exist  Walkthrough Yes  No

More than 15 Companion Cases

09/14/2011  
Date:(MM/DD/YYYY)

SSN: 549-23-5133

Specific Injury

UNASSIGNED  
Case Number 1

Cumulative Injury 06/29/2011  
(Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)  
(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: 513

Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_

**Please check unit to be filed on ( check only one box )**

ADJ  DEU  SIF  UEF  VOC  INT  RSU

**Companion Cases**

Specific Injury

ADJ7004227  
Case Number 2

Cumulative Injury 07/02/2009  
(Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)  
(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: 513

Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_

1 **STOCKWELL, HARRIS, WOOLVERTON & MUEHL**  
A Professional Corporation  
2 1545 River Park Drive, Suite 330  
Sacramento, CA 95815-4616  
3 (916) 924-1862

4 Attorneys for Defendant

6 BEFORE THE WORKERS' COMPENSATION APPEALS BOARD  
7 OF THE STATE OF CALIFORNIA

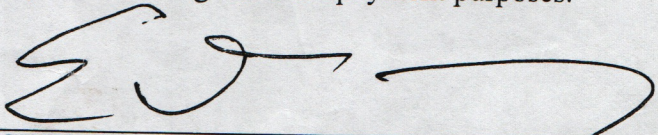
9 Tiffany Anderson, ) WCAB No.: 1) ADJ7004221; 2) ADJ7004227;  
10 ) 3) ADJ7010682; 4) **ADJ7976768**  
Applicant, )  
11 vs. ) **NOTICE OF REPRESENTATION OF**  
San Joaquin County MVCD; AIMS Insurance ) **DEFENDANT AND DEMAND OF**  
12 (Sacramento), ) **SERVICE PER WCAB RULE 10510**  
13 )  
14 Defendants. )  
15 )  
16 )

17 YOU ARE HEREBY placed on notice that pursuant to 8 CCR 10510, service of all  
18 future reports, bills and liens shall also be made on defendant's attorneys of record and  
19 service of medical reports and records are demanded pursuant to 8 CCR 10608. The attorney  
20 of record is:

21 **STOCKWELL, HARRIS, WOOLVERTON & MUEHL**  
22 **A Professional Corporation**  
23 **1545 River Park Drive, Suite 330**  
**Sacramento, CA 95815-4616**  
24 **(916) 924-1862**

25 This is the only service recognized by law as being valid for payment purposes.

26  
27 Dated: September 15, 2011

28   
**STOCKWELL, HARRIS, WOOLVERTON & MUEHL**  
Attorneys for Defendant

Anderson, Tiffany

**PROOF OF SERVICE**

STATE OF CALIFORNIA

COUNTY OF SACRAMENTO

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.

I served the foregoing document described as: **Notice of Representation** on all interested parties in this 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:

Workers' Compensation Appeals Board  
31 E. Channel Street, Room 344  
Stockton, CA 95202

Ms. Tiffany Anderson  
2 N. Avena Avenue  
Lodi, CA 95240

Ms. Mackenzie Dawson  
AIMS Insurance  
Post Office Box 269120  
Sacramento, California 95826-9120

Mr. John Stroh  
San Joaquin County Mosquito & Vector Control District  
7759 S. Airport Way  
Stockton, CA 95206

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

Executed on September 19, 2011, at Sacramento, California.

By: Kathi Stokes  
Kathi Stokes