

1 **STOCKWELL, HARRIS, WOOLVERTON & MUEHL**

2 **A Professional Corporation**

3 1545 River Park Drive, Suite 330

4 Sacramento, California 95815-4616

(916) 924-1862

(916) 924-3541 Fax

5 Attorneys for Defendant

6  
7 **BEFORE THE WORKERS' COMPENSATION APPEALS BOARD**

8 **OF THE STATE OF CALIFORNIA**

9  
10 Ms. Tiffany Anderson

) WCAB No.: 1) ADJ7004221; 2)

) ADJ7004227; 3) ADJ7010682; 4)

) ADJ7976768

11  
12 Applicant,

13 vs.

14 San Joaquin County MVCD; AIMS

15 Insurance (Sacramento)

16 Defendant.

) **PETITION FOR AUTOMATIC**

) **REASSIGNMENT OF WORKERS'**

) **COMPENSATION JUDGE**

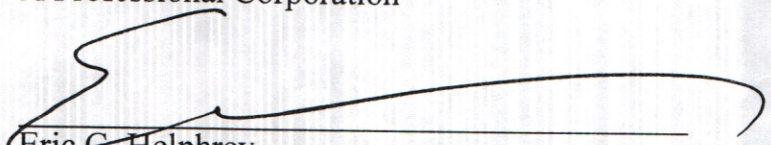
17  
18 On Monday, September 19, 2011, Defendant, via EAMS, is informed of an  
19 Expedited Hearing before Workers' Compensation Judge Allyson Hall on October  
20 3, 2011 at 1:30 p.m.

21 Pursuant to Rule 10453, Defendant respectfully requests automatic  
22 reassignment of Expedited Hearing to another workers' compensation judge.

23  
24 Dated: September 19, 2011 Respectfully submitted,

25 **STOCKWELL, HARRIS, WOOLVERTON & MUEHL**

26 A Professional Corporation

27  
28   
Eric G. Helphrey



# DOCUMENT SEPARATOR SHEET



Product Delivery Unit ADJ

Document Type LEGAL DOCS

Document Title PETITION FOR REMOVAL

Document Date 09/19/2011  
MM/DD/YYYY

Author STOCKWELL HARRIS SACRAMENTO

---

### Office Use Only

Received Date \_\_\_\_\_  
MM/DD/YYYY





ADJ7010682

Case Number 3

Specific Injury

Cumulative Injury

03/26/2009

(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: \_\_\_\_\_

ADJ7004221

Case Number 4

Specific Injury

Cumulative Injury

06/19/2008

(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: \_\_\_\_\_

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

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

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

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

Specific Injury

Cumulative Injury

(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: \_\_\_\_\_

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

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

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

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



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

09/19/2011  
Date:(MM/DD/YYYY)

SSN: 549-23-5133

ADJ7976768  
Case Number 1

Specific Injury

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: \_\_\_\_\_



PROOF OF SERVICE

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

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: **Petition for Automatic Reassignment of Workers' Compensation Judge** 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:

HAND-FILED ON SEPTEMBER 19, 2011:

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

COPIES MAILED ON SEPTEMBER 19, 2011 TO:

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