

DOCUMENT SEPARATOR SHEET



Product Delivery Unit ADJ

Document Type LEGAL DOCS

Document Title PROOF OF SERVICE

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

Author STOCKWELL HARRIS SACRAMENTO

Office Use Only

Received Date _____
MM/DD/YYYY

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

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)

UNASSIGNED

Case Number 1

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

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)

ADJ7004227

Case Number 2

Body Part 1: 513

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____





ORDER NUMBER: C50913-E Depo Date: _____ N/A

Records can only be verified by a CompeX employee that has completed verification training and is certified to do so.

Records/CNR Verification by Operations:

Verified by: [Signature]

Date: 10-17-11

Production/QA Verification:

Verified by: _____

Date: _____

Operations Checklist

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input type="checkbox"/>

PATIENT NAME
 PATIENT AKA
 DATE OF BIRTH
 SOCIAL SECURITY NUMBER
 LOCATION NAME
 CUSTODIAN'S SIGNATURE
 REASON FOR NO RECORDS

Production Intake

CLAUSE RESTRICTIONS:

SPECIFIC/LIMITED DATE RANGE
 SPECIFIC/LIMITED BODY PARTS
 TREATING PHYSICIAN
 CLAIM/POLICY NUMBER

OTHER _____
 (Please specify the other verification method)

Missing Records: Medical Billing X-Rays Affidavit Other _____

Created Check-On: Yes No (If No, specify reason) _____

CNR Rejected (specify reason for rejection)

- Billing loc only
- Med recs not yet provided
- Recs at diff loc
- Loc needs more info and attempted to obtain info from other recs rcvd
- Incomplete CNR: _____

Notes/Comments:

Anderson, Tiffany

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: **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

DECLARATION FOR SUBPOENA DUCES TECUM

Case No. ADJ7004221

STATE OF CALIFORNIA, County of SAN JOAQUIN

The undersigned states:

That he/she is (one of) the attorney(s) of record/representative(s) for the applicant/defendant in the action captioned on the subpoena duces tecum. That GIRARD CHIROPRACTIC has in his/her possession or under his/her control the documents described on the subpoena. That said documents are material to the issues involved in the case for the following reasons:

These records may contain information that will help in the resolution of this claim.

Declaration for Injuries on or After January 1, 1990 and Before January 1, 1994

That an Employee's Claim for Workers' Compensation Benefits (DWC Form 1) has been filed in accordance with Labor Code Section 5401 by the alleged injured worker whose records are sought, or if the worker is deceased, by dependent(s) of the decedent. (Check box if applicable and part of the declaration below. See instruction on Subpoena.)

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

Executed on September 21, 2011, at Torrance, CA 90503

STOCKWELL, HARRIS,
[S] WOOLVERTON &
Signature MJEHL

1545 RIVER PARK DR, SUITE 330
SACRAMENTO, CA 95815
Address

916-924-1862
Telephone

DECLARATION OF SERVICE

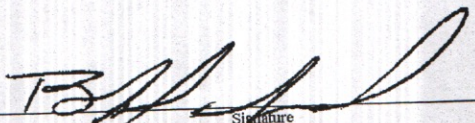
STATE OF CALIFORNIA, County of SAN JOAQUIN

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 of service</u>	<u>Place</u>	<u>Phone</u>
ROBIN B. (RLN)	10/3/2011	GIRARD CHIROPRACTIC	209-333-2401

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

Executed on October 3, 2011, at Torrance, CA 90503


Signature

PROOF OF SERVICE BY MAIL

I, Loyette Jacobson, certify that the following is true and correct.

I am employed in the County of San Joaquin California, am over the age of eighteen years and am not a party to the entitled cause.

My business address is 31 E. Channel Street, Room 344, Stockton, CA 95202. On January 27, 2011 I served the following:

**ORDER RESCINDING AWARD (ISSUED 1/18/2011)
NOTICE OF HEARING
RE: TIFFANY ANDERSON
ADJ7004221; ADJ7004227; ADJ7010682**

By causing true copies thereof, enclosed in sealed envelope(s) with postage thereon fully prepaid, to be placed in the United States Post Office mail box at Stockton, CA addressed to the following parties (or by e-mail to the e-mail address indicated):

Tiffany Anderson
Two N. Avena Avenue
Lodi, CA 95242

Law Offices of Ronald Stein
4521 Quail Lakes Drive
Stockton, CA 95207

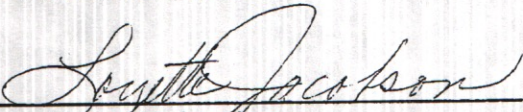
Acclamation Insurance Mgmt Services
P.O. Box 269120
Sacramento, CA 95826

Stockwell, Harris, et al
1545 River Park Drive, Suite 330
Sacramento, CA 95815

ARS Legal
Michelle.castillo@arslegal.com

I am readily familiar with the business practice at my place of business for collection and processing of correspondence for delivery of mail. Correspondence so collected and processed is deposited with the United States Postal Service on the same day in the ordinary course of business. On the above date the said envelope was collected for the United States Postal Service following ordinary business practices.

I declare under penalty of perjury that the foregoing is true and correct, and this declaration was executed January 27, 2011 at Stockton, CA.


Loyette Jacobson