

TIFFANY ANDERSON

Claimant/Applicant

vs.

MOSQUITO & VCD SAN JOAQUIN COUNTY

Employer/Insurance Carrier/Defendant

CASE NO: ADJ7004221

(IF APPLICATION HAS BEEN FILED, CASE NUMBER MUST BE INDICATED.
REGARDLESS OF DATE OF INJURY.)

SUBPOENA DUCES TECUM

(When records are mailed, identify them by using the above
Case No. or attaching a copy of the subpoena)
Where no application has been filed for injuries on or after
January 1, 1990 and before January 1, 1994, subpoena will
be valid without a case number, but subpoena must be served
on claimant and employer and/or insurance carrier.

See Instructions Below.*

The People of the State of California Send Greetings to:

KAISER HOSPITAL, DOWNEY (PHARMACY)

12254 BELLFLOWER BOULEVARD, DOWNEY, CA 90242

WE COMMAND YOU to appear before **COMPEX LEGAL SERVICES**

1836 COMMERCENTER CIRCLE, SUITE A, SAN BERNARDINO, CA 92408 (909) 327-4136

on Oct 18, 2011, at 08:45 AM, to testify in the above-entitled matter and to bring with you and produce the following described documents, papers, books and records:

ALL DOCUMENTS, RECORDS, PRESCRIPTIONS AND OTHER MEMORANDA PERTAINING TO THE ISSUANCE AND SALE OF PRESCRIPTION DRUGS TO THE PERSON NAMED BELOW, ALL ORIGINAL DOCTOR'S PRESCRIPTION FORMS AND ANY OTHER PHARMACY RECORDS PERTAINING TO THE PERSON NAMED BELOW FROM THE FIRST DATE TO THE PRESENT.

RECORDS OF: ANDERSON, TIFFANY

AKA:

DATE OF BIRTH: 08/22/70

SOCIAL SECURITY #: 549-23-5133

For failure to attend and/or produce said documents you may be deemed guilty of a 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 the request of the person making the declaration which is served herewith.

Date: September 21, 2011

WORKERS' COMPENSATION APPEALS BOARD

By

Robert E. Welch

Secretary, Assistant Secretary, Referee, Judge



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

You are directed to make the original records available for inspection and copying at the address of the Deposition Officer given above or, with the consent of the Deposition Officer, at your place of business during normal business hours in accordance with California Evidence Code Section 1560(e). Do not release the requested records to the Deposition Officer prior to the date and time stated above.

SEE ATTACHED - (SUBPOENA INVALID WITHOUT DECLARATION)

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

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 KAISER HOSPITAL, DOWNEY (PHARMACY)

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 &
MUEHL
Signature

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>
LIN	10/7/2011	KAISER HOSPITAL, DOWNEY (PHARMACY)	562-401-2337

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

Executed on October 7, 2011, at Torrance, CA 90503


Signature

EGH
300141-040



COMPEX

Legal Services, Inc.

Records of . . . : ANDERSON, TIFFANY
 Defendant . . . : SAN JOAQUIN COUNTY MOSQUITO & VCD
 Client/Insured: STOCKWELL, HARRIS, WOOLVERTON & MUEHL
 File Number . . : 300141-040/VE0700184
 Case Number . . : ADJ7004221



ID# INFO: [C50913D]

Location : C 5 0 9 1 3 D
 KAISER HOSPITAL, DOWNEY (PHARMACY) *22 pgs.*
 12254 BELLEFLOWER BOULEVARD
 DOWNEY, CA 90242
 Record Types . . : PHARMACY_RECORD
 Deliver To . . . : STOCKWELL, HARRIS, WOOLVERTON & MUEHL
 Attention . . . : KATHI STOKES
 1545 RIVER PARK DR, SUITE 330
 SACRAMENTO, CA 95815

Deposition Date
18 OCT 2011

Office Responsible for Delivery
Rt#:523/Sacramento Field (CA 95815)

Customer A/c
51692

Note (s)
SHIP ADDL. SET TO: TIFFANY ANDERSON/IN PRO PER

Document Retrieval • Complex Case Management • Court Reporting

NATIONWIDE : (800) 4 COMPEX (800) 426-6739