

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 PERMANENTE HOSPITAL, STOCKTON
7373 WEST LANE, STOCKTON, CA 95210

WE COMMAND YOU to appear before **COMPEX LEGAL SERVICES**
4222 W. ALAMOS, #109, FRESNO, CA 93722 (888) 456-4620

on Oct 24, 2011, at 08:30 AM, to testify in the above-entitled matter and to bring with you and produce the following described documents,
papers, books and records:

SEE ATTACHMENT 3

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.

PLAINTIFF/PETITIONER: TIFFANY ANDERSON DEFENDANT/RESPONDENT: MOSQUITO & VCD SAN JOAQUIN COUNTY	CASE NUMBER: CASE #ADJ7004221
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PROOF OF SERVICE OF NOTICE TO CONSUMER OR EMPLOYEE AND OBJECTION
 (Code Civ. Proc., §§ 1985.3, 1985.6)

Personal Service Mail

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**
2. I served a copy of the *Notice to Consumer or Employee and Objection* as follows (check either a or b):
 - a. **Personal service.** I personally delivered the *Notice to Consumer or Employee and Objection* as follows:

(1) Name of person served:	(3) Date served:
(2) Address where served:	(4) Time served:
 - b. **Mail.** I deposited the *Notice to Consumer or Employee and Objection* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(1) Name of person served: TIFFANY ANDERSON/IN PRO PE	(3) Date of mailing: 09/23/2011
(2) Address: 2 North Avena Avenue, Lodi, CA 95240	(4) Place of mailing (city and state): TORRANCE, CA

(5) I am a resident of or employed in the county where the *Notice to Consumer or Employee and Objection* was mailed.

c. My residence or business address is (specify): 325 MAPLE AVENUE, TORRANCE, CA 90503

d. My phone number is (specify): (310) 782-1801

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

Date: 09/22/2011

SARA NILES

(TYPE OR PRINT NAME OF PERSON WHO SERVED)

(SIGNATURE OF PERSON WHO SERVED)

PROOF OF SERVICE OF OBJECTION TO PRODUCTION OF RECORDS
 (Code Civ. Proc., §§ 1985.3, 1985.6)

Personal Service Mail

1. At the time of service I was at least 18 years of age and **not a party to this legal action.**
2. I served a copy of the *Objection to Production of Records* as follows (complete either a or b):
 - a. ON THE REQUESTING PARTY
 - (1) **Personal service.** I personally delivered the *Objection to Production of Records* as follows:

(i) Name of person served:	(iii) Date served:
(ii) Address where served:	(iv) Time served:
 - (2) **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(i) Name of person served:	(iii) Date of mailing:
(ii) Address:	(iv) Place of mailing (city and state):
 - (v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.
- b. ON THE WITNESS
 - (1) **Personal service.** I personally delivered the *Objection to Production of Records* as follows:

(i) Name of person served:	(iii) Date served:
(ii) Address where served:	(iv) Time served:
 - (2) **Mail.** I deposited the *Objection to Production of Records* in the United States mail, in a sealed envelope with postage fully prepaid. The envelope was addressed as follows:

(i) Name of person served:	(iii) Date of mailing:
(ii) Address:	(iv) Place of mailing (city and state):
 - (v) I am a resident of or employed in the county where the *Objection to Production of Records* was mailed.

3. My residence or business address is (specify):

4. My phone number is (specify):

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

Date:

(TYPE OR PRINT NAME OF PERSON WHO SERVED)

(SIGNATURE OF PERSON WHO SERVED)

ATTACHMENT 3

C50913-A

SUBJECT: ANDERSON, TIFFANY

AKA: NOT PROVIDED

DOB: 08/22/1970

SSN: 549-23-5133

INCLUDING BUT NOT LIMITED TO: ANY AND ALL MEDICAL RECORDS, REPORTS, EVALUATIONS, DIAGNOSTIC STUDIES, OPERATIVE REPORTS, RADIOGRAPHIC RECORDS, PRESCRIPTIONS; AND/OR NOTES (HANDWRITTEN, TYPED, OR OTHERWISE PRODUCED); ANY AND ALL CORRESPONDENCE, LETTERS, MEMORANDUMS, DOCUMENTS, NOTES, TRANSCRIPTS AND/OR INVESTIGATION REPORTS; ANY AND ALL ELECTRONICALLY STORED DATA; AND/OR ANY OTHER MEDICAL INFORMATION REGARDING THE ABOVE-NAMED INDIVIDUAL FOR ANY AND ALL DATES OF SERVICE OR DATES OF INJURY WHETHER INDUSTRIAL OR NON-INDUSTRIAL IN NATURE.

MEDICAL RECORDS AND REPORTS PERTAINING TO THE APPLICANT FROM THE FIRST DATE OF TREATMENT TO THE PRESENT. TO INCLUDE BUT NOT LIMITED TO ALL OF THE AFOREMENTIONED FROM ANY PRIVATE TREATMENT, LIABILITY TREATMENT AND WORKERS' COMPENSATION TREATMENT FILES. NO OMISSIONS. CERTIFIED, LEGIBLE PHOTOCOPIES MAY BE SUBMITTED IN LIEU OF ORIGINAL RECORDS.

PROOF OF SERVICE OF SUBPOENA (WCAB)

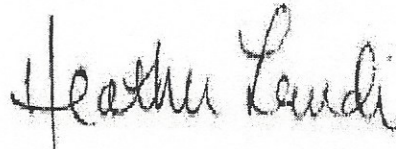
I am employed in SACRAMENTO County, California. I am over the age of 18 and not a party to the within action; my business address is: 1824 TRIBUTE ROAD, SUITE J
SACRAMENTO, CA 95815

On 09/23/11, I gave notice to: SEE SERVICE LIST BELOW

On the above date, I served true copies of the following documents;
Subpoena Duces Tecum

To each party appearing in this action, at the address below, by placing true copies thereof enclosed in a sealed envelope with postage fully pre-paid, in the United States mail at 1824 TRIBUTE ROAD, SUITE J
SACRAMENTO, CA 95815

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on 09/23/11.



SIGNED: _____

Heather Landi

TIFFANY ANDERSON/IN PRO PER
TIFFANY ANDERSON/IN PRO PE
2 NORTH AVENA AVENUE
LODI, CA 95240