

2 Law Offices of  
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4 4521 QUAIL LAKES DRIVE  
5 STOCKTON, CA 95207-5257  
6 Telephone: 209-957-9744  
7 Facsimile: 209-957-3005

8 Attorney For Applicant

9 WORKERS' COMPENSATION APPEALS BOARD  
10 OF THE STATE OF CALIFORNIA

11 TIFFANY KAY ANDERSON

WCAB Case No.

12 Applicant

13 DECLARATION UNDER  
14 LABOR CODE  
SECTION 4906 (g)


14 vs.


15 SAN JOAQUIN COUNTY  
16 MOSQUITO AND VECTOR  
17 CONTROL DISTRICT

18 Defendants

19  
20 COMES NOW, ATTORNEY and APPLICANT herein, and each states under penalty  
21 of perjury and in compliance with Labor Code Section 139.3, that there has been no  
22 offer, delivery receipt or acceptance of any rebate, commission, preference,  
23 patronage, dividend, discount or other consideration, whether in the form of money or  
evaluation.

24 Executed on this 29TH day of SEPTEMBER, 2009 at Stockton, CA

25  
26   
Applicant

27   
28 Ronald M. Stein,  
Applicants' Attorney



**PROOF OF SERVICE - CCP 1013a(3)**

I am employed in the County of San Joaquin, State of California. I am over the age of 18 and not a party to the within action; my business address is 4521 Quail Lakes Drive, Stockton, CA 95207 (209) 957-9744.

On October 1, 2009, I served the attached:

***APPLICATION FOR ADJUDICATION OF CLAIM AND SUPPORTING DOCUMENTS***

***WCAB Case: Unassigned, Unassigned, Unassigned***

by placing a copy of the original thereof enclosed in a sealed envelope addressed as follows:

State of California  
Division of Workers' Compensation  
Workers' Compensation Appeals Board  
31 East Channel Street, #344  
Stockton, CA 95202-2314

**Hand Delivered**

Tiffany Kay Anderson  
1516 Sylvan Way, Apt. 205  
Lodi, CA 95242

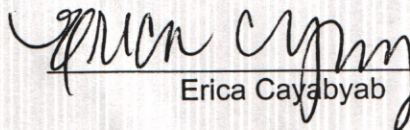
San Joaquin County.- Mosquito and Vector Control  
District  
7759 South Airport Way  
Stockton, CA 95206

Mackenzie Dawson  
AIMS  
P.O. Box 269120  
Sacramento, CA 95826

**BY MAIL**

I caused such envelope to be deposited in the mail with postage thereon fully prepaid. I am readily familiar with this firm's practice of collection and processing correspondence for mailing. It is deposited with U.S. postage service on that same day in the ordinary course of business. I am aware that on motion of party served, service is presumed invalid if postal cancellation date or postage meter date is more than one (1) day after date of deposit for mailing affidavit. I declare under penalty of perjury under the laws of the State of California that the above is true and correct.

Executed on October 1, 2009 at Stockton, California.

  
Erica Cayabyab



### FEE DISCLOSURE STATEMENT

If you choose to be represented by an attorney, your attorney's fees will be deducted from benefits. The fee will be approved by the Workers Compensation Appeals Board, with consideration given to the: (1) responsibility assumed by the attorney; (2) care exercised in representing you; (3) time involved; and, (4) results obtained.

Attorney's fees normally range from 12% - 15% of the benefits awarded. If your attorney has also represented you before the Rehabilitation Unit, there may also be a fee allowed for this representation.

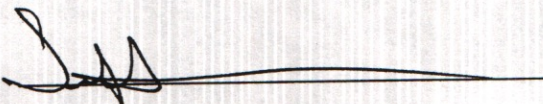
There are certain circumstances where your employer (or his/her insurer) may be liable to pay your attorney's fees. For example, if employer disputes a permanent disability evaluation obtained when you were not represented by an attorney, your employer may, be liable for any attorney fees you incur because of the dispute.

If at any time you no longer wish to be represented by the attorney, you may withdraw from representation by notifying the attorney. If you withdraw from representation, the fee amount found by a workers' compensation judge to be the fair value of any work the attorney did in your case will be deducted from your award.

*An Information and Assistance Officer may be able to answer your questions concerning your workers' compensation benefits at no charge to you. He/She may be able to resolve your problems without the need for litigation.*

**Call this toll-free number: 1-800-736-7401.**

Employee's Signature

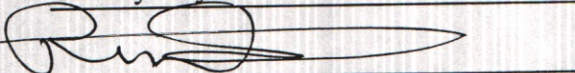


Date 09/29/2009

Employee's Name

Tiffany Kay Anderson

Attorney's Signature



Date 09/29/2009

Attorney's Name

Ronald M. Stein

Address

4521 Quail Lakes Drive

Stockton, CA 95207-5257

Phone No.

209-957-9744

**Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of felony.**



Is the Applicant Represented? ☒ Yes ☐ No If "No", applicant is to sign and date below.

If "Yes", applicant's representative is to complete the following and is to sign and date below.

☒ Law Firm/Attorney ☐ Non-Attorney Representative

LAW OFFICE OF RONALD M. STEIN INC.

Law Firm or Company Name (If Applicable)

4813094

Law Firm Number (If Applicable)

RONALD

Attorney/Representative First Name

M

MI

STEIN

Attorney/Representative Last Name

4521 QUAIL LAKES DR

Street Address/PO Box (Please leave blank spaces between numbers, names or words)

STOCKTON

City

CA

State

95207

Zip Code

Applicant Attorney/Representative Signature

Applicant Signature

Dated at STOCKTON, California

City

Date 09/29/2009

MM/DD/YYYY