



STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF WORKERS' COMPENSATION

MINUTES OF HEARING

Case No. ADJ 486529

10/05/2010  
Date of Hearing (MM/DD/YYYY)

Hearing Information

☒ Before ☐ AT ☐ Trial ☐ Conf ☐ MSC ☐ EXP. HEARING ☐ Lien

Request Date (MM/DD/YYYY) \_\_\_\_\_

Applicant

DONALD MI  
First Name

MEIDINGER  
Last Name

VS

Defendants

SAN JOAQUIN COUNTY MUCD  
Employer Name (Please leave blank spaces between numbers, names or words)

Appearances

	Applicant	Present	<input checked="" type="checkbox"/> Not Present	Attorney	Hearing Rep
Applicant	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applicant Represented By	_____			<input type="checkbox"/>	<input type="checkbox"/>
Defendant Represented By	<u>HILARY MCLAUGHLIN</u>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Others Appearing	_____			<input type="checkbox"/>	<input type="checkbox"/>
Interpreter	_____			Cert. No. _____	

Party Making Request

☒ Joint ☐ Applicant ☐ Defendant ☐ Other \_\_\_\_\_

Request For: ☒ Continuance ☐ OTOC Request By: ☐ Letter ☐ Telephone

Position of Opposing Party

☒ Agree ☐ Oppose ☐ Unreachable ☐ Unknown