

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

MINUTES OF HEARING

Case No. ADJ7976768

10/26/2011
Date of Hearing (MM/DD/YYYY)

Hearing Information

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

Request Date (MM/DD/YYYY) _____

Applicant

Tiffany
First Name

MI _____

Anderson
Last Name

VS

Defendants

San Joaquin MVCO; AIMS
Employer Name (Please leave blank spaces between numbers, names or words)

Appearances

Applicant ☒ Present ☐ Not Present

Applicant Represented By In Pro Per

Defendant Represented By Stackwell Harris: Kyle Hansen

Others Appearing _____

Attorney Hearing Rep

☐ ☐

☒ ☐

☐ ☐

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

Reason For Request

- ☐ Applicant: Illness ☐ Applicant Now Represented ☐ Applicant Requests Representation
☐ Applicant: Vacation ☐ Calendar Conflict: Applicant ☐ Calendar Conflict: Defense
☐ Calendar Conflict: Lien Claimant ☐ Change of Circumstances ☐ Consolidation ☐ Defense: Illness
☐ Defense: Vacation ☐ Dispute Resolved by Agreement ☐ Further Discovery: App Med
☐ Further Discovery: Def Med ☐ Further Discovery: AME ☐ Further Discovery: Depo
☐ Improper/Insufficient Notice by Party ☐ Joinder ☐ New Application ☒ No Issues Pending
☐ Non Appearance: Applicant ☐ Non Appearance: Defense ☐ Non Appearance: Lien Claimant
☐ Non Appearance: Witness ☐ Settlement Pending ☐ Unavailability of Witnesses: Applicant
☐ Unavailability of Witnesses: Defense ☐ Venue

Board Reason

- ☐ Arbitration ☐ Bankruptcy Pending ☐ Defective Notice ☐ Insufficient Time to Start
☐ Insufficient Time to Finish ☐ Interpreter Not Available ☐ Recusal ☐ Reporter Not Available
☐ Service Defective ☐ UEF Issues ☐ WCJ Not Available
☒ Other/ Comments

WCJ understands that Adam Stewart is
considering representation of applicant.

Good Cause Appearing, It is Ordered That the Request For

- ☐ Continuance Granted ☐ Continuance Denied ☒ OTOC Granted ☐ OTOC Denied
_____ Days For ☐ C&R ☒ STIPS ☐ OTOC

Decision

☒ OTOC

☐ C&R / STIPS Submitted for Approval

☐ C&R / STIPS Approved

☐ LIEN STIPS and ORDER
Approved

☐ N.O.I. to Allow/Disallow Issued

☐ MSC ☐ CONF ☐ TRIAL ☐ LIEN TRIAL ☐ CONTD TESTIMONY

Set On _____ At _____
MM/DD/YYYY

Location _____

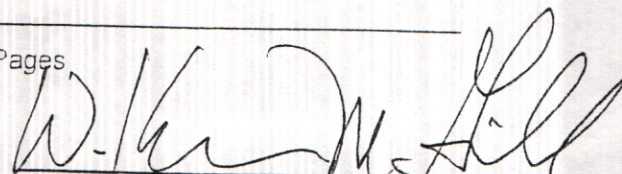
Before Judge _____

☐ Supplemental Pages Attached

Pages _____

10/26/2011
Date - MM/DD/YYYY

Notice To K. Hansen



W. Kearsa McGill
Workers' Compensation Judge

Pursuant to Rule 10500 you are designated to serve this/these document(s) on all parties.

☐ Served on parties and lien claimants present

NOTICE TO PARTIES: Disability accommodation is available upon request. Any person with a disability requiring an accommodation, auxiliary aid or service, or a modification of policies or procedures to ensure effective communication and access to the programs of the Division of Workers' Compensation should contact the Disability Accommodation Coordinator at the local District Office of the WCAB, or the state-wide Disability Accommodation Coordinator at 1-866-681-1459 (toll free). The state-wide Coordinator can also be reached through the California Relay Service, by dialing 711 or 1-800-735-2929 (TTY) or 1-800-855-3000 (TTY-Spanish).

Accommodations can include modifications of policies or procedures or provision of auxiliary aids or services. Accommodations include, but are not limited to, an Assistive Listening System (ALS), a Computer-Aided Transcription System or Communication Access Realtime Translation (CART), a sign language interpreter, documents in Braille, large print or on computer disk, and audio cassette recording. Accommodation requests should be made as soon as possible. Requests for an ALS or CART should be made no later than five (5) days before the hearing.

PROOF OF SERVICE

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: **Minutes of Hearing dated October 26, 2011** 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:

Ms. Tiffany Anderson
2 N. Avena Ave
Lodi, CA 95240

Ms. Mackenzie Dawson
AIMS Insurance (Sacramento)
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 November 1, 2011, at Sacramento, California.

By: _____

Katie Wikel