WORKERS' COMPENSATION APPEALS BOARD

WORKERS COM	
Tiffany Anderson Applicant	Case No. AD DIOLS 2: AD STOT LOUS MINUTES OF HEARING and/or ORDER & DECISION on CONTINUANCE or ORDER TAKING OFF CALENDAR REQUEST and/or NOTICE OF HEARING
San Jaquin Crty M: V. Control, Defendants.	☐ BEFORE DAT ☐ TRIAL ☐ MSC ☐ WALK THRU ☐ CONF. ☐ EXP HEARING ☐ LIEN CONF ☐ DATE OF: HEARING 11 12 (15 REQUEST 11 25
APPEARANCES APPLICANT PRESENT NOT  APPLICANT REPRESENTED BY (NAME & FIRM)  DEFENDANT REPRESENTED BY (NAME & FIRM)  OTHERS APPEARING (NAME & FIRM)  INTERPRETER (NAME & FIRM)  IPARTIES ARE	\ □ ATTORNEY □ HEARING REP.
PARTY MAKING REQUEST: JOINT DECUEST FOR: DISCONTINUANCE OTOC REQUEST BY:	OTHER  DEFENDANT OTHER  LETTER TELEPHONE  PPOSE DUNREACHABLE UNKNOWN
□ CALENDAR CONFLICT: □ APPLICANT □ DEFENSE □ L.C. □ SETTLEMENT PENDING □ IMPROPER/INSUFFICIENT NOTICE BY PARTY □ IMPROPER DECLARATION OF READINESS/VALID OBJECTIO □ NON-APPEARANCE □ APP □ DEF □ LIEN CLAIMANT □ W □ APPLICANT □ DEF. COUNSEL □ VACATION □ ILLNESS □ UNAVAILABILITY OF WITNESSES □ APP □ DEFENSE □ DISPUTE RESOLVED BY AGREEMENT □ NO ISSUE PENDING □ JOINDER □ CONSOLIDATION □ VENUE □ NEW APPLICATI □ AUTO RE-ASSIGN □ DISQUALIFY □ APP □ DEFENDANT □ APPLICANT NOW REPRESENTED □ REQUESTS REPRESENT □ CHANGE OF CIRCUMSTANCES	DEFECTIVE WCAB NOTICE  ARBITRATION  ON  TATION  DEFECTIVE WCAB NOTICE  SAFELLO  TOTAL  TOTAL
GOOD CAUSE APPEARING, IT IS ORDERED THAT THE REQUEST DAYS FOR  C&R STIPS, OTHERWISE:  NOTHERWISE:  NOTHERWISE	OTOC
DATE 11-2-15	ALVIN R WEBBER WORKERS' COMPENSATION JUDGE  Pursuant to Rule 10500 you are designated to serve this/these document(s) on
parties as shown on the Official Address Record. Service on Date 11-2-15 By USD	designated server with a copy of the official address record.

Served on parties and lien claimants present

## STATE OF CALIFORNIA DIVISION OF WORKERS' COMPENSATION

TIFFANY ANDERSON

Applicant

SAN JOAQUIN COUNTY MVCD

Defendants

Case No. ADJ 7004221, 70044227, 7010682, 7976768, 9066508

> ORDER SUSPENDING BENEFITS

GOOD CAUSE APPEARING and noting that Applicant violated the 7/21/15 Order Compelling,

IT IS ORDERED that Applicant's entitlement to any and all workers' compensation benefits be suspended until Applicant fully participates with Defendant's discovery and petitions for a Board order reinstating her benefits.

> ALVIN R. WEBBER WORKERS' COMPENSATION 11/2/15 JUDGE

Personally served by WCJ Webber this date on \_\_\_\_\_\_, who is ordered to serve all parties and lien claimants. Date: 11/2/17

1	Uniform Assigned Name: STOCKWELL HARRIS SACRAMENTO EAMS Administrator Name: KALIE WIKEL EAMS Administrator's Phone: (916) 924-1862 EAMS Administrator's Email: Kalie_Wikel@shww.com
2	RE: ANDERSON, TIFFANY VS. SAN JOAQUIN COUNTY MOSQUITO
3	& VECTOR CONTROL
4	WCAB NO.: 1) ADJ7004221; 2) ADJ7004227; 3) ADJ7010682; 4)
5	ADJ7976768; 5) ADJ9066508 CLAIM NO.: VE0700184
6	OUR FILE NO.: 300141-040
7	PROOF OF SERVICE
8	STATE OF CALIFORNIA
9	COUNTY OF SACRAMENTO
10	I am in the County of Sacramento, State of California. I am over the age of 18 years
11	and not a party to the within action. My business address is 1545 River Park Drive, Suite 330,
12	Sacramento, California 95815-4616.
13	On November 5, 2015, I served the foregoing document described as: MINUTES OF
14	HEARING AND ORDER SUSPENDING BENEFITS on all interested parties in this action
15	by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid
16	in the United States mailed at Sacramento, California, addressed as follows:
17	
18	ARS Legal (Whittier) 13925 Whittier Boulevard
19	Whittier, CA 90605
20	Ms. Nancy Urton
21	AIMS Insurance (Sacramento) P.O. Box 269120
22	Sacramento, CA 95826-9120
23	Ms. Tiffany Anderson 2120 W. Pine St.
24	Lodi, Ca 95242
25	
26	
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28	

1	Uniform Assigned Name: STOCKWELL HARRIS SACRAMENTO EAMS Administrator Name: KALIE WIKEL EAMS Administrator's Phone: (916) 924-1862 EAMS Administrator's Email: Kalie_Wikel@shww.com
2	Ms. Tiffany Anderson
3	2 N. Avena Ave Lodi, CA 95240
4	
5	I certify, under penalty of perjury, that the foregoing is true and correct.
6	Executed on November 5, 2015, at Sacramento, California.
7	By: Aleidi Valentine  Heidi Valentine
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Uniform Assigned Name: STOCKWELL HARRIS SACRAMENTO EAMS Administrator Name: KALIE WIKEL EAMS Administrator's Phone: (916) 924-1862 EAMS Administrator's Email: Kalie Wikel@shww.com 2 RE: ANDERSON, TIFFANY VS. SAN JOAQUIN COUNTY MOSQUITO & VECTOR CONTROL 3 WCAB NO .: 1) ADJ7004221; 2) ADJ7004227; 3) ADJ7010682; 4) 4 ADJ7976768; 5) ADJ9066508 CLAIM NO .: VE0700184 5 OUR FILE NO.: 300141-040 6 PROOF OF SERVICE 7 STATE OF CALIFORNIA 8 COUNTY OF SACRAMENTO 9 I am in the County of Sacramento, State of California. I am over the age of 18 years 10 and not a party to the within action. My business address is 1545 River Park Drive, Suite 330, 11 Sacramento, California 95815-4616. 12 On December 16, 2015, I served the foregoing document described as: MINUTES OF 13 HEARING AND ORDER SUSPENDING BENEFITS (RE-SERVED) on all interested parties in this action by placing a true copy thereof enclosed in a sealed envelope with postage 15 thereon fully prepaid in the United States mailed at Sacramento, California, addressed as 16 follows: 17 18 Ms. Nancy Urton 19 AIMS Insurance (Sacramento) P.O. Box 269120 20 Sacramento, CA 95826-9120 Tiffany Anderson 1900 Lake Shore Dr. 22 Lodi, CA 95242 23 I certify, under penalty of perjury, that the foregoing is true and correct. 24 Executed on December 16, 2015, at Sacramento, California. 25 26 Heidi Valentine 27 28