

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/PMG, SOUTH SACRAMENTO
6600 BRUCEVILLE ROAD, SACRAMENTO, CA 95823**

WE COMMAND YOU to appear before **COMPLEX LEGAL SERVICES**
1824 TRIBUTE ROAD, SUITE J, SACRAMENTO, CA 95815 (916) 646-9028

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.

Records of. . . : ANDERSON, TIFFANY
Defendant . . . : SAN JOAQUIN COUNTY MOSQUITO & VCD
Client/Insured: STOCKWELL, HARRIS, WOOLVERTON & MUEHL
File Number . . : /VE0700184
Case Number . . : ADJ7004221



ID# INFO: [B29078C]
C50913

Location B 2 9 0 7 8 C
KAISER PERMANENTE HOSPITAL/PMG, SOUTH SACRAME
6600, BRUCEVILLE ROAD
SACRAMENTO, CA 95823

Record Types. : ANR
Deliver To. . . : TIFFANY ANDERSON/IN PRO PER
Attention . . . : TIFFANY ANDERSON/IN PRO PE
2 NORTH AVENA AVENUE
LODI, CA 95240

Deposition Date 24 OCT 2011 Office Responsible for Delivery
Rt#:561/Modesto (CA 93722)

Customer A/c#
128251

Note (s)

Dear Valued Client;

Please accept this as confirmation that the above location has advised they have none of the requested items, as indicated on the attached Certificate of No Records. Along with our verification process, the location has confirmed that they executed a full and complete search with the information provided. The signed document is attached for your review.

Should additional information become available which indicates records exist, or should you have any questions or concerns, please contact our office and it would be our pleasure to continue our efforts.

Thank You,

Compex Customer Service
Telephone: 1-800-4COMPEX
Email: cservice@compexlegal.com