

STATE OF CALIFORNIA
DWC DISTRICT OFFICE
E-COVER SHEET

REQUIRED FIELDS SHOWN BY ***11

Companion Cases Exist <input type="checkbox"/>		Location: <input type="text" value="CTL"/>
More than 15 Companion Cases <input type="checkbox"/>		
Date: (MM/DD/YYYY)	<input type="text" value="01/11/2016"/>	
Case Number:*	<input type="text" value="ADJ7004221"/>	SSN(Numbers Only) <input type="text"/>
<input type="radio"/> Specific Injury	(If Specific Injury, use the start date as the specific date of injury)	
<input type="radio"/> Cumulative Injury	<input type="text"/>	<input type="text"/>
	(START DATE: MM/DD/YYYY)	(END DATE: MM/DD/YYYY)
Body Part 1 :	<input type="text"/>	Body Part 2 : <input type="text"/>
Body Part 3 :	<input type="text"/>	Body Part 4 : <input type="text"/>
Other Body Parts :	<input type="text"/>	

Please check unit to be filed on (check only one box)*

☒ ADJ ☐ DEU ☐ SIF ☐ UEF ☐ VOC ☐ INT ☐ RSU

Companion Cases

Case 1:	<input type="text" value="ADJ7004227"/>	
<input type="radio"/> Specific Injury	(If Specific Injury, use the start date as the specific date of injury)	
<input type="radio"/> Cumulative Injury	<input type="text"/>	<input type="text"/>
	(START DATE: MM/DD/YYYY)	(END DATE: MM/DD/YYYY)
Body Part 1 :	<input type="text"/>	Body Part 2 : <input type="text"/>
Body Part 3 :	<input type="text"/>	Body Part 4 : <input type="text"/>
Other Body Parts :	<input type="text"/>	

Case 2:	<input type="text" value="ADJ7010682"/>	
<input type="radio"/> Specific Injury	(If Specific Injury, use the start date as the specific date of injury)	
<input type="radio"/> Cumulative Injury	<input type="text"/>	<input type="text"/>
	(START DATE: MM/DD/YYYY)	(END DATE: MM/DD/YYYY)
Body Part 1 :	<input type="text"/>	Body Part 2 : <input type="text"/>
Body Part 3 :	<input type="text"/>	Body Part 4 : <input type="text"/>
Other Body Parts :	<input type="text"/>	

Case 3:

ADJ7976768

☐ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

☐ Cumulative Injury

(START DATE: MM/DD/YYYY)

(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 4:

ADJ9066508

☐ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

☐ Cumulative Injury

(START DATE: MM/DD/YYYY)

(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 5:

☐ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

☐ Cumulative Injury

(START DATE: MM/DD/YYYY)

(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 6:

☐ Specific Injury (If Specific Injury, use the start date as the specific date of injury)

☐ Cumulative Injury

(START DATE: MM/DD/YYYY)

(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

STATE OF CALIFORNIA
DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD
DECLARATION OF READINESS TO PROCEED

NOTICE: Any objection to the proceedings requested by a Declaration of Readiness to proceed shall be filed and served within ten (10) days after service of the Declaration.

Case No

ADJ7004221

Applicant

First Name*

TIFFANY

MI

Last Name*

ANDERSON

VS

Employer Information

Employer Name

SAN JOAQUIN COUNTY MOSQUITO AND VECTOR CONTROL DISTRIC

Employer Street Address / PO Box

7759 SOUTH AIRPORT WAY

City

STOCKTON

State

CA

Zip Code (Numbers Only)

95206

Declarants: Please designate your role (Please Select Only One)*

- ☐ Employee
- ☐ Applicant
- ☒ Defendant
- ☐ Lien Claimant

Declarant requests: (Please Select Only One)*

☒ Mandatory Settlement Conference

☐ Status Conference

☐ Rating MSC*

☐ Priority Conference

☐ Lien Conference

Hearing Date

Select a Hearing Date from the drop-down list: *

2016/03/21-13:30:00

Search

Hearing Date

Alternate Hearing Date:

At the present time the principal issues are:

(Check all that apply)

☐ Compensation Rate

☐ Rehabilitation / SJDB

☐ Temporary Disability

☐ Self-procured Medical Treatment

☐ Permanent Disability

☐ Future Medical Treatment

☐ AOE/COE

☒ Discovery

☐ Employment

☒ Other COSTS AND SANCTIONS

Declarant relies on the report(s) of:

Doctor(s)

Dated

(MM/DD/YYYY)

Declarant states under penalty of perjury that (1) he or she is presently ready to proceed to hearing on the issues below and has made the following specific, genuine, good faith efforts to resolve the dispute(s) listed below,

APPLICANT CANCELLED COURT ORDERED PQME EVALUATION WITH DR. TABADDOR SET FOR 1/18/16. AT THIS TIME, DEFENDANT REQUESTS COSTS AND SANCTIONS BE FILED AS WELL AS DISMISSAL OF CLAIMS.

and (2) unless a status or priority conference is requested, I have completed discovery on the issues listed above, and that all medical reports in my possession or control have been filed and served as required by applicable rules.

If you are a lien claimant filing for a lien conference, you must complete this section:

The lien filing fee or activation fee has been paid.

Confirmation No:

A filing fee or activation fee is not required because the lien is exempt, or because either the lien was not filed under Labor Code section 4903(b) or the lien is not a claim of costs.

☐

A filing fee was previously paid under the law in effect from 2004 to 2006 and proof of that payment is attached.

☐

Copies of this Declaration have been served this date as shown on the attached proof of service.

Declarant's Signature	S SARA SKOLNIK
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Name and Law Firm	STOCKWELL HARRIS SACRAMENTO
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Address	1545 RIVER PARK DR STE 330, SACRAMENTO, CA 95815
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Phone Number	9169241862
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Date (MM/DD/YYYY)	01/11/2016
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*For a Rating MSC, all ratable medical reports, including treating physician, QME and AME reports, must be filed with this Declaration of Readiness, unless they have been previously filed. A Rating MSC will be set only where the issues are limited to permanent disability and the need for future medical treatment.

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

**RE: ANDERSON, TIFFANY VS. SAN JOAQUIN COUNTY MOSQUITO
& VECTOR CONTROL**

WCAB NO.: 1) ADJ7004221; 2) ADJ7004227; 3) ADJ7010682; 4)
ADJ7976768; 5) ADJ9066508

CLAIM NO.: VE0700184

OUR FILE NO.: 300141-040

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.

On January 11, 2016, I served the foregoing document described as: **Declaration of Readiness to Proceed** 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:

Workers' Compensation Appeals Board (Stockton)
31 E. Channel Street, Room 344
Stockton, CA 95202»
e-File

ARS Legal (Whittier)
13925 Whittier Boulevard
Whittier, CA 90605

Ms. Nancy Urton
AIMS Insurance (Sacramento)
P.O. Box 269120
Sacramento, CA 95826-9120

Mr. Michael Christian
Jackson Lewis, LLP
801 K Street, Suite 2300
Sacramento, CA 95814

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

Ms. Tiffany Anderson
1900 Lakeshore Drive
Lodi, Ca 95242

Mr. Eddie Lucchesi
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 January 11, 2016, at Sacramento, California.

By: Heidi Valentine
Heidi Valentine