

STATE OF CALIFORNIA  
DWC DISTRICT OFFICE

DOCUMENT COVER SHEET



Is this a new case? Yes  No  Companion Cases Exist  Walkthrough Yes  No

More than 15 Companion Cases

01/22/2016  
Date:(MM/DD/YYYY)

SSN: \_\_\_\_\_

ADJ7004221  
Case Number 1

Specific Injury

Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)  
(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: \_\_\_\_\_

Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_

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

ADJ  DEU  SIF  UEF  INT  RSU

Companion Cases

Specific Injury

ADJ7004227  
Case Number 2

Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)  
(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: \_\_\_\_\_

Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_

ADJ7010682

Case Number 3

Specific Injury

Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

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

Body Part 1: \_\_\_\_\_

Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_

ADJ7976768

Case Number 4

Specific Injury

Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

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

Body Part 1: \_\_\_\_\_

Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_

ADJ9066508

Case Number 5

Specific Injury

Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

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

Body Part 1: \_\_\_\_\_

Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_

1 Tiffany Anderson  
2 1900 Lakeshore Drive  
3 Lodi, CA 95242  
4 209-331-0208  
5 tiffanyanderson@mc.com  
6 http://culexpipien.com

7  
8 WORKERS' COMPENSATION APPEALS BOARD  
9 STATE OF CALIFORNIA

10  
11 TIFFANY ANDERSON,

12 Applicant,

13 v.

14 SAN JOAQUIN COUNTY MOSQUITO &  
VECTOR CONTROL DISTRICT

15 Defendant.

CASE NOs. ADJ7004221; ADJ7004227;  
ADJ7010682, ADJ7976768 and  
ADJ9066508

APPLICANT'S RESPONSE TO  
JACKSON LEWIS' OBJECTION TO  
APPEARING AT THE STATUS  
CONFERENCE.

16  
17  
18 Applicant requests the presence of all parties to appear and answer for the lack of Good  
19 Faith response to Judge Allison Hall's Order for a Global Settlement. In lieu of this appearance, all  
20 defense counsel should confer beforehand and produce a global settlement offer as ordered by the  
21 judge.

22 Any non-appearance still does not nullify the documents demanded by Applicant from the  
23 Jackson Lewis firm in 2012 and which were promised but never delivered. Jackson Lewis to date  
24 has neglected to provide the documents that they were required to produce and has used  
25 Stockwell Harris within the workers compensation system as their alter ego. While claiming just  
26 to be involved in the civil claims, Jackson Lewis has in fact coordinated the lack of a global  
27 settlement by all defense counsel.

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

Dated: January 22, 2016

  
Applicant

PROOF OF SERVICE

STATE OF CALIFORNIA

COUNTY OF SAN JOAQUIN

I am in the County of San Joaquin, State of California. I am over the age of 18 years.

My residence is 1900 Lakeshore Drive , Lodi, CA 95240.

I served the foregoing document described as: APPLICANT'S RESPONSE TO JACKSON

LEWIS' OBJECTION

*dated January 27, 2016, on all 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

Lodi, California, addressed as follows:

Stockwell, Harris, Woolverton, Muehl  
Sara Skolnik  
1545 River Park Drive, Suite 330  
Sacramento, CA 95815

Jackson Lewis  
Mike Christian  
400 Capital Mall # 1600  
Sacramento, CA 95814

San Joaquin County Mosquito & Vector Control District  
Board of Trustees President  
To Be handed to all members at the next meeting  
and to be heard in minutes  
7759 S Airport Way  
Stockton CA 95206

Workers' Compensation Appeals Board  
31 E. Channel Street, Room 344  
Stockton, CA 95202

Ms. Nancy Urton  
AIMS Insurance (Sacramento)  
P.O. Box 269120  
Sacramento, CA 95826-91202

Board of Supervisors  
44 North San Joaquin Street  
Sixth Floor Suite 627  
Stockton, CA 95202

I certify, under penalty of perjury, that the foregoing is true and correct.

Executed on January 22, 2016, at Lodi, California.

By: 

Tiffany Anderson

STATE OF CALIFORNIA  
DWC DISTRICT OFFICE

DOCUMENT COVER SHEET



Is this a new case? Yes  No  Companion Cases Exist  Walkthrough Yes  No

More than 15 Companion Cases

01/19/2016  
Date:(MM/DD/YYYY)

SSN: \_\_\_\_\_

ADJ7004221  
Case Number 1

Specific Injury

Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)  
(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: \_\_\_\_\_

Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_

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

ADJ  DEU  SIF  UEF  INT  RSU

**Companion Cases**

Specific Injury

ADJ7004227  
Case Number 2

Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)  
(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: \_\_\_\_\_

Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_

ADJ7010682

Case Number 3

Specific Injury

Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

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

Body Part 1: \_\_\_\_\_

Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_

ADJ7976768

Case Number 4

Specific Injury

Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

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

Body Part 1: \_\_\_\_\_

Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_



ADJ9066508

Case Number 5

Specific Injury

Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

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

Body Part 1: \_\_\_\_\_

Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_

Body Part 4: \_\_\_\_\_

Other Body Parts: \_\_\_\_\_





1 JACKSON LEWIS P.C.  
2 MICHAEL J. CHRISTIAN (SBN 173727)  
3 SHANE R. LARSEN (SBN 283966)  
4 400 Capitol Mall, Suite 1600  
5 Sacramento, California 95814  
6 Telephone: (916) 341-0404  
7 Facsimile: (916) 341-0141  
8 Email: [christianm@jacksonlewis.com](mailto:christianm@jacksonlewis.com)  
9 [shane.larsen@jacksonlewis.com](mailto:shane.larsen@jacksonlewis.com)

10 WORKERS' COMPENSATION APPEALS BOARD  
11 STATE OF CALIFORNIA

12 TIFFANY ANDERSON,  
13 Applicant,

14 v.

15 SAN JOAQUIN COUNTY MOSQUITO &  
16 VECTOR CONTROL DISTRICT

17 Defendant.

CASE NOS. ADJ7004221; ADJ7004227;  
ADJ7010682, ADJ7976768 and  
ADJ9066508

**OBJECTION TO DECLARATION OF  
READINESS ON BEHALF OF  
JACKSON LEWIS P.C.**

18 On or about January 4, 2016 Applicant apparently filed a Request for a Status Hearing  
19 that included a request for a lawyer from Jackson Lewis to personally appear and provide  
20 documents related to a prior mediation with Applicant that addressed claims Applicant was  
21 making outside of any workers' compensation proceedings. Jackson Lewis has represented  
22 Defendant related to claims Applicant was making outside of any workers' compensation  
23 proceeding. Jackson Lewis is not counsel of record for Defendant in the WCAB proceedings.  
24 Jackson Lewis voluntarily appeared at a prior WCAB informal conference to discuss Applicant's  
25 claims, but it was not productive. Further, any documentation or information related to any prior  
26 mediation between Defendant and Applicant would be privileged and protected by the mediation  
27 privilege. In sum, Jackson Lewis P.C. cannot be compelled to attend the requested WCAB  
28

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

conference, and it cannot be compelled to produce the documents or information requested by Applicant.

Dated: January 19, 2016

JACKSON LEWIS P.C.

By:   
MICHAEL J. CHRISTIAN  
SHANE R. LARSEN

1 **PROOF OF SERVICE**

2 I am employed in the County of Sacramento, State of California. I am over the age of  
3 eighteen years and not a party to the within action; my business address is Jackson Lewis P.C.,  
4 400 Capitol Mall, Suite 1600, Sacramento, California 95814.

5 On the date set forth below, I served the within:

6 **OBJECTION TO DECLARATION OF READINESS ON  
7 BEHALF OF JACKSON LEWIS P.C.**

8 on all interested parties in said action, through their attorneys of record as listed below, by placing  
9 a true and correct copy thereof, addressed as shown below, by the following means:

- 10  **PERSONAL SERVICE** - by personally delivering a true and correct copy thereof to the  
11 person at the address set forth below, in accordance with Code of Civil Procedure section  
12 1011(a).
- 13  **MAIL** - by placing a true and correct copy thereof enclosed in a sealed envelope with  
14 postage thereon fully prepaid for deposit in the United States Post Office mail box, at my  
15 business address shown above, following Jackson Lewis P.C.'s ordinary business practices  
16 for the collection and processing of mail, of which I am readily familiar, and addressed as  
17 set forth below. On the same day correspondence is placed for collection and mailing, it is  
18 deposited in the ordinary course of business with the United States Postal Service.
- 19  **OVERNIGHT DELIVERY** - by depositing a true and correct copy thereof enclosed in a  
20 sealed envelope with delivery fees thereon fully prepaid in a box or other facility regularly  
21 maintained by Federal Express or delivering to an authorized courier or driver authorized  
22 by Federal Express to receive documents, addressed as set forth below.
- 23  **FACSIMILE TRANSMISSION** - by transmitting a true and correct copy by facsimile  
24 from facsimile number (916) 341-0141 to the person(s) at the facsimile number(s) set forth  
25 below, which transmission was confirmed as complete. A copy of the transmission record  
26 is attached hereto.
- 27  **ELECTRONIC MAIL** - by forwarding a true and correct copy thereof by e-mail from e-  
28 mail address \_\_\_\_\_ the person(s) at the e-mail address(es) set forth below.

Tiffany Kay Anderson  
1900 Lakeshore Drive  
Lodi, CA 95242

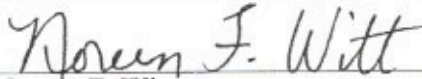
ARS Legal (Whittier)  
13925 Whittier Boulevard  
Whittier, CA 90605

Workers' Compensation Appeals Board  
31 E. Channel Street, Room 344  
Stockton, CA 95202

Ms. Nancy Urton  
AIMS Insurance  
P.O. Box 269120  
Sacramento, CA 95829-9120

Sara Skolnik  
Stockwell, Harris, Woolverton, Muehl  
1545 River Park Drive, Suite 330  
Sacramento, CA 95815

26 I declare under penalty of perjury under the laws of the State of California that the  
27 foregoing is true and correct, and that this declaration was executed on January 19, 2016, at  
28 Sacramento, California.

  
Noreen F. Witt