WORKERS' COMPENSATION APPEALS BOARD

	STATE OF CA	LIFORNIA		
Tom Beard	Applicant	Case No.	STK 124216, 12421	4
			Stipulations	
			with Request	
	vs.		for Award	
an Joaquin Mosq	uito Abatement	Dr		
ist. (Permissib	ly Self-Insured)	750	Elven	
		JUN 3	EIVED 0 1997	
		WORKERS	N 05	
	Defendants	STOCKTON	MPENSATIO	
		WORKERS CO, STOCKTON	OFFICE	
The parties hereto	stipulate to the issuance of an Aw	ward and/or Order,	based upon the following f	acts, and
waive the requirements of I				
1. Tom Beard		,born 9-24	-49	, while
	(Employee)			
employed within the State o	of California as Mosquito Con	ntrol Tech.	on 5-22-95, 1-18- (Date of Injury)	96 CT
		Coupations		
	Mosquito Abatement (Employer)		whose compensation insurance	ce carrier was
Dist. (Permis	ssibly Self-Insured)		enterment loft knoo	
Keenan & Assoc.	sustained injury arising out of and	d in the course of er	(Parts of body in	njured)
2. The injury caused	temporary disability for the period	1-18-96		-
2. The injury caused	temporary disability for the ported			
through <u>5-14-96</u>		for which indemnit	y is payable at \$406.00	per
week loop gradit for such	payments previously made.			
week, less credit for such	15:1			
	permanent disability of *13:1	W for which indom	onity is navable at \$ 140.0	A 154 00
3. The injury caused	permanent disability of	, %, for willeri indeli	#7 892 52	
per week beginning5-	15-96	, in the sum of \$	7 893 50 6,055.00 , less cro	edit for such
payments previously made	.* Less previous Awar	ed of 9:3 (8409509) \$ less P	044815°
An informal rating base ha	us not been previously issued. electione)			
4. There is x is xii	ot may be need for medical tro	eatment to cure or	relieve from the effects of	said injury.

DEPARTMENT OF INDUSTRIAL RELATIONS DIVISION OF INDUSTRIAL ACCIDENTS

WORKER COMPENSATION AL EALS BOARD

STATE OF CALIFORNIA

5. Medical-legal expenses are payable by defendant as follows: N/A

6. Applicant's attorney request a fee of \$ $450^{\circ\circ}$ (1290 7) 3797.50)

7. Liens against compensation are payable as follows: N/A

8. Other stipulations: Interest will be included if Award is paid within twenty-five (25) days of of date approved.

Less permanent disability advances to date of \$812.00 and previously Awarded disability of 9:3, or \$4,095.00, STK 98489.

Applicant

Tom Beard

558-76-6159

Social Security Number of Applicant

2937 Toyon Drive #2 Stockton, CA 95203

Address of Applicant

Attorney for Applicant David Belden P.O. Box 160467

Address of Attorney for Applicant Sacramento, CA 95816-0467

DWC WCAB FORM 3 (REV. 9-90)

7759 S. Airport Way Stockton, CA 95206

Address of Employer

392 D Connors Ct.

Chico, CA 95926

Address of Insurance Company

Attorney or Authorized Representative for Defendant Elena Piazzisi Michael Poweis

MÉ 392 D Connors Ct. Address of Attorney or Authorized Representative

Chico, CA 95926

WORKERS COMPENSATION APPEALS BOARD

STATE OF CALIFORNIA

5TK 124216, 124219 JOINTAWARD

	AWA	ARD IS MADE in favor of Tom Beard	against
Sar		paquin Mosquito Abatement Dist. (Permissibly Self-Insured)	of:
	(A)	Temporary disability indemnity in accordance with paragraph 2 above,	
	(B)	Permanent disability indemnity in accordance with paragraph 3 above,	
		Less the sum of \$ 450 00 payable to applicant's attorney as the reasonable value of services rendered.	3
		Less liens in accordance with Paragraph 7 above.	
	(C)	Further medical treatment in accordance with Paragraph 4 above,	
	(D)	Reimbursement for medical-legal expenses in accordance with Paragraph 5 above,	
	(E)	Interest will be included if Award is paid within twenty-fivays of date approved, pursuant to paragraph 8 above.	e (25)
	Av	ess permanent disability advances to date of \$812.00 and previously arded permanent disability of 9:3, or \$4,095.00, STK 98489, arsuant to paragraph 8 above.	ously
		Dated: Workers' Compensation Judge WORKERS' COMPENSATION APPEALS BOARD	
Of	ficial	Address Record.	
Da By	ite:	Withoel WPowers	

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(Signature)

WORKERS' COMPENSATION APPEALS BOARD OF THE STATE OF CALIFORNIA MINUTES OF HEARING

CASE NO.: 5TK 124216
Tom Beavel 124214
Applicant, V. Solven of Distance Calendar () TRIAL CALENDAR () MSC CALENDAR () CONFERENCE CALENDAR () OTHER:
Place and Time: Date: 6 26 97 Time: 730 APPEARANCES: [Print names legibly] Applicant present? () yes () no* Same address? () yes () no* [*if no, explain below] Applicant's Attorney: Parent Parent Market
Other (Lien clmt., Interp., etc.): DISCUSSION:
DO NOT WRITE BELOW THIS LINE
DISPOSITION: () C&R (STIPULATIONS submitted this date for approval [Approved? // yes ()no]
()DAYS TO SUBMIT ()C&R ()STIPS ; Otherwise, off calendar
() CONTINUED to: () TRIAL [estimated time: (1 hr) (2 hr) (4 hr) (6 hr) (8 hr)] ()MSC ()CONFERENCE ()OTHER:[see notes]
onatbefore Judge() Matter is Ordered off calendar (see attached sheet)
() OTHER: [if checked, see notes below.]
NOTES:
Date: Is hereby ordered to serve David D. Bovett

ON ALL PARTIES/LIEN CLAIMANTS WITH A PROOF OF

SERVICE TO BE RETAINED IN HIS/HER FILE.