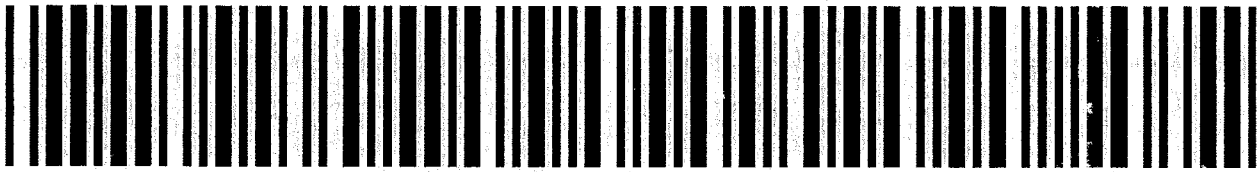


STATE OF CALIFORNIA  
DWC DISTRICT OFFICE

DOCUMENT COVER SHEET



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

More than 15 Companion Cases

12-20-16  
Date: (MM/DD/YYYY)

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

ADJ 9066508  
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: \_\_\_\_\_

+  
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Other Body Parts: \_\_\_\_\_  
DIVISION OF WORKERS' COMPENSATION  
I & A UNIT STOCKTON

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

ADJ  DEU  SIF  UEF  INT  RSU

**Companion Cases**

ADJ 7976768  
Case Number 2  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: \_\_\_\_\_

ADJ 7010682  
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: \_\_\_\_\_

ADJ 7004221  
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: \_\_\_\_\_

ADJ 7004227  
Case Number 5

Specific Injury

Cumulative Injury

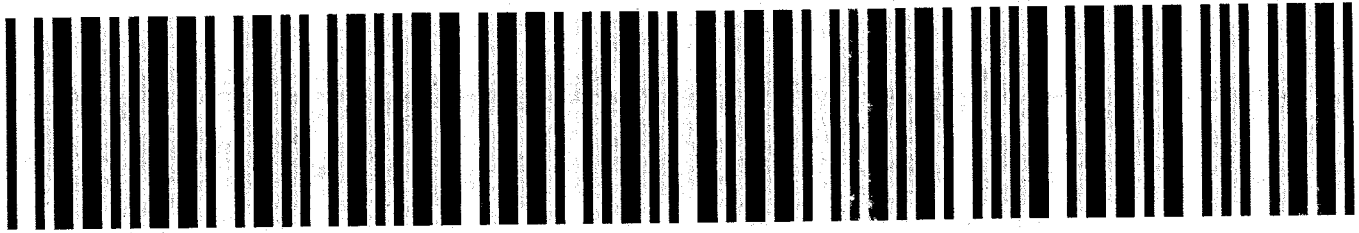
(Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)  
(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: \_\_\_\_\_ Body Part 3: \_\_\_\_\_

Body Part 2: \_\_\_\_\_ Body Part 4: \_\_\_\_\_

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

# DOCUMENT SEPARATOR SHEET



Product Delivery Unit ADJ

Document Type Legal

Document Title DOR

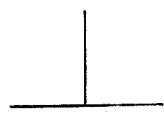
Document Date 12-20-16  
MM/DD/YYYY

Author \_\_\_\_\_

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## Office Use Only

Received Date \_\_\_\_\_  
MM/DD/YYYY





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

ADJ 700 4221  
 ADJ 701 0682  
 ADJ 797 6768  
 ADJ 906 508 ADJ 004227

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.

**Applicant**

Tiffany  
 First Name

K  
 MI

Anderson SJCM & VCD  
 Last Name vs

**Employer Information**

San Joaquin County Mosquito & Vector Control District  
 Employer Name (Please leave blank spaces between numbers, names or words)

7759 S. Airport Way  
 Employer Street Address/PO Box (Please leave blank spaces between numbers, names or words)

Stockton  
 City

CA  
 State

95207  
 Zip Code

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

- Employee  Applicant  Defendant  Lien Claimant

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Declarant requests: (Please Select Only One)

- Mandatory Settlement Conference  Status Conference  Rating MSC\*  Priority Conference  
 Lien Conference

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 \_\_\_\_\_

Declarant relies on the report(s) of:

Doctors (s) Gary T Murata date \_\_\_\_\_  
 MM/DD/YYYY

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.

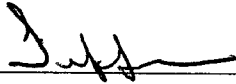
Declarant states under penalty perjury that he or she is presently ready to proceed to hearing on the issues below and has made the following specific, genuine, good faith efforts to resolve the dispute(s) listed below:

Applicant unable to resolve issues In need of Boards  
intervention.

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 the rules promulgated by the Court Administrator.

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

Declarant's Signature



Tiffany K. Anderson  
Name of declarant or name of the law firm of the declarant (Print or Type)

2856 Applewood Drive Lodi CA 95242  
Address (Please leave blank spaces between numbers, names or words)

209-331-0208  
Phone Number

Date 12-20-2016  
MM/DD/YYYY

Proof Of Service By Mail

I declare that:

I am (resident of/employed in) the county of San Joaquin California. I am

over the age of eighteen years, my (business/residence) address is:

2856 Applewood Drive Lodi CA 93242

On December 20, 2016 I served the attached DOR on the

parties in said case, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully paid, in the United State mail at

St Lodi Ca addressed as follows

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

AIMS  
P.O. Box 269120  
Sacramento, CA 95826

WCAB 31 E Channel St. Room 344 Stockton 95202

I declare under penalty of perjury under the laws of the State of California that the

foregoing is true and correct, and that this declaration was executed on

(date) 12-20-2016, at Stockton California.

Type or print name Tiffany K Anderson

Signature [Handwritten Signature]

# "Change of Address

ADJ 9066508, ADJ 7976768, ADJ 7010682,  
ADJ 7004221, ADJ 7004227,

my new address:

Tiffany K Anderson  
2856 Applewood Drive  
Lodi CA 95242

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DEC 20 2016  
DIVISION OF WORKERS COMPENSATION  
I & A UNIT STOCKTON

CC:

Stockwell, Harris 1545 River Park Dr, Suite 330 Sacramento CA 95815  
AIMS P.O. Box 269120 Sacramento, CA 95826  
WcAB 31 E Channel St Rm 344, Stockton Ca 95202

PROOF OF SERVICE BY MAIL

I, Sheree Langenes, certify that the following is true and correct:

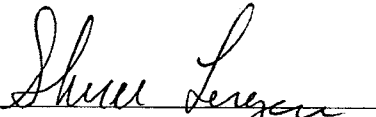
I am employed in the City of Stockton and County of San Joaquin, California am over the age of eighteen years, and am not a party to the within entitled cause.

My business address is 31 E Channel Street Room 344, Stockton, CA 95202. On **12/28/2016** I served **Declaration of Readiness to Proceed on ADJ7004221; ADJ7010682; ADJ7976768; ADJ9066508; ADJ7004227**, by causing true copies thereof, enclosed in sealed envelopes with postage thereon fully prepaid, to be placed in the United States Post Office mail box at Stockton, CA, addressed to the following parties:

ACCLAMATION SACRAMENTO	Claims Administrator, PO BOX 269120 SACRAMENTO CA 95826
ARS LEGAL WHITTIER	Lien Claimant, 13925 WHITTIER BLVD WHITTIER CA 90605, michelle.castillo@arslegal.com
STOCKWELL HARRIS SACRAMENTO	Law Firm, 1545 RIVER PARK DR STE 330 SACRAMENTO CA 95815, KALIE_WIKEL@SHWW.COM
TIFFANY ANDERSON	Injured Worker, <del>1900 LAKESHORE DR LODI CA 95242</del> <i>2856 Applewood Drive Lodi Ca 95240</i>
CHRISTOPHER ELEY STOCKTON	Law Firm, 343 E MAIN ST STE 710 STOCKTON CA 95202, ELEYLAW@GMAIL.COM

I am readily familiar with the business practice at my place of business for collection and processing of correspondence for delivery by mail. Correspondence so collected and processed is deposited with the United States Postal Service on the same day in the ordinary course of business. On the above date the said envelopes were collected for the United States Postal Service following ordinary business practices.

I declare under penalty of perjury that the foregoing is true and correct, and that this declaration was executed on **12/28/16** at Stockton, CA

  
Sheree Langenes