



DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD

NOTICE OF HEARING

DATE OF SERVICE: 02/12/2018
EAMS CASE NBR(s): ADJ7004221
ADJ9066508
ADJ7976768
EMPLOYEE: TIFFANY ANDERSON
EMPLOYER: SAN JOAQUIN COUNTY MOSQUITO AND VECTOR CONTROL DISTRICT
ADJ7004227
ADJ7010682
INSURER: ACCLAMATION SACRAMENTO

TYPE OF HEARING: Status Conference
DATE OF HEARING: 03/21/2018 WEDNESDAY
TIME OF HEARING: 08:30 A.M.
HEARING LENGTH (HOURS):
LOCATION: 31 E CHANNEL ST STE 344

STOCKTON CA 95202

Map available at: <http://www.dir.ca.gov/dwc/dir2.htm>

JUDGE: John E. Durr
209 9487759

Notice to attorneys: You may be able to appear at this conference by phone. If interested, please contact Court Call at 888-882-6878 (888-88-COURT).

SPECIAL COMMENTS/INSTRUCTIONS:

NOTICE TO INJURED WORKERS: IF YOU NEED AN INTERPRETER, CONTACT YOUR ATTORNEY OR CLAIMS ADMINISTRATOR IMMEDIATELY. YOU HAVE A RIGHT TO AN INTERPRETER IF YOU ARE UNABLE TO SPEAK OR ADEQUATELY UNDERSTAND ENGLISH.

You are hereby notified that the above entitled case is set for hearing before the Division of Workers' Compensation of the State of California. Continuances are not favored and will be granted only upon clear showing of good cause. Please arrive before scheduled appearance time.

NOTICE TO PARTIES: **Disability Accommodation is available upon request.** Individuals with a disability requiring a reasonable accommodation (such as an auxiliary aid or service or a modification of policies or procedures) to ensure effective communication and access to the programs of the Division of Workers' Compensation, should contact the **Disability Accommodation Coordinator** at the local District Office of the DWC, or the **Statewide Disability Accommodation Coordinator at 1-866-681-1459 (toll free) or through the California Relay Service, by dialing 711 or 1-800-735-2929 (TTY) or 1-800-855-3000 (TTY-Spanish).**

Accommodations can include reasonable modifications of procedures or the provision of auxiliary aids or services including, but not limited to, assistive listening devices (ALD), Computer-Aided Realtime Translation (CART), sign language interpreters, documents in alternative formats, magnifiers, and audio cassette recordings. **Accommodation requests should be made as soon as possible and at least five (5) days before the hearing, especially for requests for an ALD, a sign language interpreter, or CART.**

NOTICE TO INSURER: The employer will not receive Notice of Hearing.



DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD

NOTICE OF HEARING

DATE OF SERVICE: 02/12/2018
EAMS CASE NBR(s): ADJ7004221
ADJ9066508
ADJ7976768
EMPLOYEE: TIFFANY ANDERSON
EMPLOYER: SAN JOAQUIN COUNTY MOSQUITO AND VECTOR CONTROL
ADJ7004227
ADJ7010682
INSURER: ACCLAMATION SACRAMENTO

TYPE OF HEARING: Status Conference
DATE OF HEARING: 03/21/2018 WEDNESDAY
TIME OF HEARING: 08:30 A.M.
HEARING LENGTH (HOURS):
LOCATION: 31 E CHANNEL ST STE 344

STOCKTON CA 95202

Map available at: <http://www.dir.ca.gov/dwc/dir2.htm>

JUDGE: John E. Durr
209 9487759

Notice to attorneys: You may be able to appear at this conference by phone. If interested, please contact Court Call at 888-882-6878 (888-88-COURT).

SPECIAL COMMENTS/INSTRUCTIONS:

NOTICE TO INJURED WORKERS: IF YOU NEED AN INTERPRETER, CONTACT YOUR ATTORNEY OR CLAIMS ADMINISTRATOR IMMEDIATELY. YOU HAVE A RIGHT TO AN INTERPRETER IF YOU ARE UNABLE TO SPEAK OR ADEQUATELY UNDERSTAND ENGLISH.

You are hereby notified that the above entitled case is set for hearing before the Division of Workers' Compensation of the State of California. Continuances are not favored and will be granted only upon clear showing of good cause. Please arrive before scheduled appearance time.

NOTICE TO PARTIES: **Disability Accommodation is available upon request.** Individuals with a disability requiring a reasonable accommodation (such as an auxiliary aid or service or a modification of policies or procedures) to ensure effective communication and access to the programs of the Division of Workers' Compensation, should contact the **Disability Accommodation Coordinator** at the local District Office of the DWC, or the **Statewide Disability Accommodation Coordinator at 1-866-681-1459 (toll free) or through the California Relay Service, by dialing 711 or 1-800-735-2929 (TTY) or 1-800-855-3000 (TTY-Spanish).**

Accommodations can include reasonable modifications of procedures or the provision of auxiliary aids or services including, but not limited to, assistive listening devices (ALD), Computer-Aided Realtime Translation (CART), sign language interpreters, documents in alternative formats, magnifiers, and audio cassette recordings. **Accommodation requests should be made as soon as possible and at least five (5) days before the hearing, especially for requests for an ALD, a sign language interpreter, or CART.**

NOTICE TO INSURER: The employer will not receive Notice of Hearing.



DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD

NOTICE OF HEARING

DATE OF SERVICE: 02/12/2018

EAMS CASE NBR(s): ADJ7004221
ADJ9066508
ADJ7976768
ADJ7004227
ADJ7010682

EMPLOYEE: TIFFANY ANDERSON

EMPLOYER: SAN JOAQUIN COUNTY IF MOSQUITO AND VECTOR CONTROL DISTRICT

INSURER: ACCLAMATION SACRAMENTO

TYPE OF HEARING: Status Conference

DATE OF HEARING: 03/21/2018 WEDNESDAY

TIME OF HEARING: 08:30 A.M.

HEARING LENGTH (HOURS):

LOCATION: 31 E CHANNEL ST STE 344

STOCKTON CA 95202

Map available at: <http://www.dir.ca.gov/dwc/dir2.htm>

JUDGE: John E. Durr
209 9487759

Notice to attorneys: You may be able to appear at this conference by phone. If interested, please contact Court Call at 888-882-6878 (888-88-COURT).

SPECIAL COMMENTS/INSTRUCTIONS:

NOTICE TO INJURED WORKERS: IF YOU NEED AN INTERPRETER, CONTACT YOUR ATTORNEY OR CLAIMS ADMINISTRATOR IMMEDIATELY. YOU HAVE A RIGHT TO AN INTERPRETER IF YOU ARE UNABLE TO SPEAK OR ADEQUATELY UNDERSTAND ENGLISH.

You are hereby notified that the above entitled case is set for hearing before the Division of Workers' Compensation of the State of California. Continuances are not favored and will be granted only upon clear showing of good cause. Please arrive before scheduled appearance time.

NOTICE TO PARTIES: **Disability Accommodation is available upon request.** Individuals with a disability requiring a reasonable accommodation (such as an auxiliary aid or service or a modification of policies or procedures) to ensure effective communication and access to the programs of the Division of Workers' Compensation, should contact the **Disability Accommodation Coordinator** at the local District Office of the DWC, or the **Statewide Disability Accommodation Coordinator** at **1-866-681-1459 (toll free)** or through the **California Relay Service**, by dialing **711** or **1-800-735-2929 (TTY)** or **1-800-855-3000 (TTY-Spanish)**.

Accommodations can include reasonable modifications of procedures or the provision of auxiliary aids or services including, but not limited to, assistive listening devices (ALD), Computer-Aided Realtime Translation (CART), sign language interpreters, documents in alternative formats, magnifiers, and audio cassette recordings. **Accommodation requests should be made as soon as possible and at least five (5) days before the hearing, especially for requests for an ALD, a sign language interpreter, or CART.**

NOTICE TO INSURER: The employer will not receive Notice of Hearing.



DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD

NOTICE OF HEARING

DATE OF SERVICE: 02/12/2018
EAMS CASE NBR(s): ADJ7004221
ADJ9066508
ADJ7976768
ADJ7004227
ADJ7010682

EMPLOYEE: TIFFANY ANDERSON
EMPLOYER: SAN JOAQUIN MOSQUITO AND VECTOR CTL
INSURER: ACCLAMATION SACRAMENTO

TYPE OF HEARING: Status Conference
DATE OF HEARING: 03/21/2018 WEDNESDAY
TIME OF HEARING: 08:30 A.M.
HEARING LENGTH (HOURS):
LOCATION: 31 E CHANNEL ST STE 344

STOCKTON CA 95202

Map available at: <http://www.dir.ca.gov/dwc/dir2.htm>

JUDGE: John E. Durr
209 9487759

Notice to attorneys: You may be able to appear at this conference by phone. If interested, please contact Court Call at 888-882-6878 (888-88-COURT).

SPECIAL COMMENTS/INSTRUCTIONS:

NOTICE TO INJURED WORKERS: IF YOU NEED AN INTERPRETER, CONTACT YOUR ATTORNEY OR CLAIMS ADMINISTRATOR IMMEDIATELY. YOU HAVE A RIGHT TO AN INTERPRETER IF YOU ARE UNABLE TO SPEAK OR ADEQUATELY UNDERSTAND ENGLISH.

You are hereby notified that the above entitled case is set for hearing before the Division of Workers' Compensation of the State of California. Continuances are not favored and will be granted only upon clear showing of good cause. Please arrive before scheduled appearance time.

NOTICE TO PARTIES: **Disability Accommodation is available upon request.** Individuals with a disability requiring a reasonable accommodation (such as an auxiliary aid or service or a modification of policies or procedures) to ensure effective communication and access to the programs of the Division of Workers' Compensation, should contact the **Disability Accommodation Coordinator** at the local District Office of the DWC, or the **Statewide Disability Accommodation Coordinator at 1-866-681-1459 (toll free) or through the California Relay Service, by dialing 711 or 1-800-735-2929 (TTY) or 1-800-855-3000 (TTY-Spanish).**

Accommodations can include reasonable modifications of procedures or the provision of auxiliary aids or services including, but not limited to, assistive listening devices (ALD), Computer-Aided Realtime Translation (CART), sign language interpreters, documents in alternative formats, magnifiers, and audio cassette recordings. **Accommodation requests should be made as soon as possible and at least five (5) days before the hearing, especially for requests for an ALD, a sign language interpreter, or CART.**

NOTICE TO INSURER: The employer will not receive Notice of Hearing.



DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD

NOTICE OF HEARING

DATE OF SERVICE: 02/12/2018
EAMS CASE NBR(s): ADJ7004221
ADJ9066508
ADJ7976768
EMPLOYEE: TIFFANY ANDERSON
EMPLOYER: SAN JOAQUIN MOSQUITO AND VECTOR CONTROL DISTRICT
ADJ7004227
ADJ7010682
INSURER: ACCLAMATION SACRAMENTO

TYPE OF HEARING: Status Conference
DATE OF HEARING: 03/21/2018 WEDNESDAY
TIME OF HEARING: 08:30 A.M.
HEARING LENGTH (HOURS):
LOCATION: 31 E CHANNEL ST STE 344

STOCKTON CA 95202

Map available at: <http://www.dir.ca.gov/dwc/dir2.htm>

JUDGE: John E. Durr
209 9487759

Notice to attorneys: You may be able to appear at this conference by phone. If interested, please contact Court Call at 888-882-6878 (888-88-COURT).

SPECIAL COMMENTS/INSTRUCTIONS:

NOTICE TO INJURED WORKERS: IF YOU NEED AN INTERPRETER, CONTACT YOUR ATTORNEY OR CLAIMS ADMINISTRATOR IMMEDIATELY. YOU HAVE A RIGHT TO AN INTERPRETER IF YOU ARE UNABLE TO SPEAK OR ADEQUATELY UNDERSTAND ENGLISH.

You are hereby notified that the above entitled case is set for hearing before the Division of Workers' Compensation of the State of California. Continuances are not favored and will be granted only upon clear showing of good cause. Please arrive before scheduled appearance time.

NOTICE TO PARTIES: **Disability Accommodation is available upon request.** Individuals with a disability requiring a reasonable accommodation (such as an auxiliary aid or service or a modification of policies or procedures) to ensure effective communication and access to the programs of the Division of Workers' Compensation, should contact the **Disability Accommodation Coordinator** at the local District Office of the DWC, or the **Statewide Disability Accommodation Coordinator at 1-866-681-1459 (toll free) or through the California Relay Service, by dialing 711 or 1-800-735-2929 (TTY) or 1-800-855-3000 (TTY-Spanish).**

Accommodations can include reasonable modifications of procedures or the provision of auxiliary aids or services including, but not limited to, assistive listening devices (ALD), Computer-Aided Realtime Translation (CART), sign language interpreters, documents in alternative formats, magnifiers, and audio cassette recordings. **Accommodation requests should be made as soon as possible and at least five (5) days before the hearing, especially for requests for an ALD, a sign language interpreter, or CART.**

NOTICE TO INSURER: The employer will not receive Notice of Hearing.