

**STATE OF CALIFORNIA
WORKERS' COMPENSATION APPEALS BOARD**

7976768

Case No. ADJ 7069221

Tiffany Anderson *Applicant*

San Joaquin Co. Mosquito
\$ Vector Control; AIMS *Defendants.*

**MINUTES OF HEARING
and/or ORDER & DECISION on CONTINUANCE
or ORDER TAKING OFF CALENDAR REQUEST
and/or NOTICE OF HEARING**

BEFORE AT
 TRIAL MSC WALK THRU
 CONF. EXP HEARING LIEN CONF

DATE OF: HEARING 8/26/13 REQUEST 8/19/13

APPEARANCES APPLICANT PRESENT NOT PRESENT

APPLICANT REPRESENTED BY _____ ATTORNEY HEARING REP.
 DEFENDANT REPRESENTED BY Stockwell Harris-Kyle Hansen ATTORNEY HEARING REP.
 OTHERS APPEARING _____ ATTORNEY HEARING REP.
 INTERPRETER _____ CERTIFICATION NO. _____

[PARTIES ARE NOT TO WRITE BELOW HERE]

PARTY MAKING REQUEST: JOINT APPLICANT DEFENDANT OTHER _____
 REQUEST FOR: CONTINUANCE OTOC REQUEST BY: LETTER TELEPHONE
 POSITION OF OPPOSING PARTY: AGREE OPPOSE UNREACHABLE UNKNOWN

REASON FOR REQUEST <input checked="" type="checkbox"/> FURTHER DISCOVERY: <input type="checkbox"/> APP MED <input type="checkbox"/> DEFENDANT MED <input type="checkbox"/> AME <input type="checkbox"/> DEPO <input type="checkbox"/> INSUFFICIENT TIME <input type="checkbox"/> TO START <input type="checkbox"/> TO FINISH <input type="checkbox"/> CALENDAR CONFLICT: <input type="checkbox"/> APPLICANT <input type="checkbox"/> DEFENSE <input type="checkbox"/> L.C. <input type="checkbox"/> SETTLEMENT PENDING <input type="checkbox"/> IMPROPER/INSUFFICIENT NOTICE BY PARTY <input type="checkbox"/> IMPROPER DECLARATION OF READINESS/VALID OJECTION <input type="checkbox"/> NON-APPEARANCE <input type="checkbox"/> APP <input type="checkbox"/> DEF <input type="checkbox"/> LIEN CLAIMANT <input type="checkbox"/> WITNESS PENDING <input type="checkbox"/> APPLICANT <input type="checkbox"/> DEF COUNSEL <input type="checkbox"/> VACATION <input type="checkbox"/> ILLNESS <input type="checkbox"/> UNAVAILABILITY OF WITNESSES <input type="checkbox"/> APP <input type="checkbox"/> DEFENSE <input type="checkbox"/> DISPUTE RESOLVED BY AGREEMENT <input type="checkbox"/> NO ISSUE PENDING <input type="checkbox"/> JOINDER <input type="checkbox"/> CONSOLIDATION <input type="checkbox"/> VENUE <input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> AUTO REASSIGN <input type="checkbox"/> DISQUALIFY <input type="checkbox"/> APP <input type="checkbox"/> DEFENDANT <input type="checkbox"/> APPLICANT NOW REPRESENTED <input type="checkbox"/> REQUESTS REPRESENTATION <input type="checkbox"/> CHANGE OF CIRCUMSTANCES	BOARD REASON <input type="checkbox"/> REASSIGNMENT: <input type="checkbox"/> REFUSED <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> REPORTER <input type="checkbox"/> INTERPRETER <input type="checkbox"/> NOT AVAILABLE <input type="checkbox"/> WCJ NOT AVAILABLE <input type="checkbox"/> RECUSAL <input type="checkbox"/> UEF ISSUES <input type="checkbox"/> SERVICE DEFECTIVE <input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> DEFECTIVE WCAB NOTICE <input type="checkbox"/> ARBITRATION OTHER/COMMENTS _____ <u>JOINT OTOC</u>
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GOOD CAUSE APPEARING, IT IS ORDERED THAT THE REQUEST FOR CONT OTOC IS GRANTED DENIED
 _____ DAYS FOR C&R STIPS, OTHERWISE: OTOC RESET

OTOC C&R/STIPS SUBMITTED FOR APPROVAL C&R/STIPS APPROVED STIP & ORDER
 LIEN STIPS AND ORDER APPROVED N.O.I. TO ISSUE
 SET FOR MSC CONF TRIAL LIEN TRIAL CONTD TESTIMONY TIME 1 HR 2 HRS 4 HRS _____ DAY

SET ON _____ AT _____ LOCATION Stockton BEFORE JUDGE _____

SUPPLEMENTAL PAGES ATTACHED _____ PAGES

DATE 8/19/13 _____

ALVIN R WEBBER
WORKERS' COMPENSATION JUDGE

NOTICE TO Kyle Hansen Pursuant to Rule 10500 you are designated to serve this/these document(s) on all parties as shown on the Official Address Record. Service on designated server with a copy of the official address record.
 Date 8/19/13 By us

Served on parties and lien claimants present