

STATE OF CALIFORNIA
DWC DISTRICT OFFICE
E-COVER SHEET

REQUIRED FIELDS SHOWN BY "***"

Companion Cases Exist Location:

More than 15 Companion Cases

Date: (MM/DD/YYYY)

Case Number:* SSN(Numbers Only)

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

Cumulative Injury
(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

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

ADJ DEU SIF UEF VOC INT RSU

Companion Cases

Case 1:

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

Cumulative Injury
(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 2:

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

Cumulative Injury
(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 3:

ADJ7010682

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

Cumulative Injury

(START DATE: MM/DD/YYYY)

(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 4:

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

Cumulative Injury

(START DATE: MM/DD/YYYY)

(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 5:

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

Cumulative Injury

(START DATE: MM/DD/YYYY)

(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 6:

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

Cumulative Injury

(START DATE: MM/DD/YYYY)

(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 7:

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

Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 8:

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

Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 9:

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

Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 10:

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

Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 11:

Specific Injury

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

Cumulative Injury

(START DATE: MM/DD/YYYY)
(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 12:

Specific Injury

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

Cumulative Injury

(START DATE: MM/DD/YYYY)
(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 13:

Specific Injury

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

Cumulative Injury

(START DATE: MM/DD/YYYY)
(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 14:

Specific Injury

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

Cumulative Injury

(START DATE: MM/DD/YYYY)
(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

Case 15:

Specific Injury

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

Cumulative Injury

(START DATE: MM/DD/YYYY)

(END DATE: MM/DD/YYYY)

Body Part 1 :

Body Part 2 :

Body Part 3 :

Body Part 4 :

Other Body Parts :

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

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

First Name*

MI

Last Name*

VS

Employer Information

Employer Name

Employer Street Address / PO Box

City

State

Zip Code (Numbers Only)

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

- Employee
- Applicant
- Defendant
- Lien Claimant

Declarant requests: (Please Select Only One)*

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

Select a Hearing Date from the drop-down list: *

Hearing Date

2012/03/06-08:30:00

Search

Hearing Date

Alternate Hearing Date:

At the present time the principal issues are:

(Check all that apply)

- Compensation Rate
- Temporary Disability
- Permanent Disability
- AOE/COE
- Employment
- Other
- Rehabilitation / SJDB
- Self-procured Medical Treatment
- Future Medical Treatment
- Discovery

SEE NEXT PAGE

Declarant relies on the report(s) of:

Doctor(s) N/A

Dated (MM/DD/YYYY)

Declarant states under penalty of perjury that he or she is presently ready to proceed to hearing on the issues above and has made the following specific, genuine, good faith efforts to resolve the dispute(s) listed below: (Field size limited to 845 characters)

WCAB ASSISTANCE IS REQUESTED REGARDING FURTHER DISCOVERY, SPECIFICALLY WITH REGARD TO MEDICAL RECORDS, APPLICANT'S LETTER OF 1/9/12, AND INFORMATION THAT WILL BE PROVIDED TO THE PANEL QME AND OTHER PROVIDERS AND OUTSIDE ENTITIES.

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	S ERIC G HELPHREY
Name and Law Firm	STOCKWELL HARRIS SACRAMENTO
Address	1545 RIVER PARK DRIVE SUITE 330 SACRAMENTO CA 95815
Phone Number	9169241862
Date (MM/DD/YYYY)	01/13/2012

*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.

INSTRUCTIONS

1. This Declaration must be completed and filed before any case will be set for hearing at the request of any party.

A party may request a mandatory settlement conference hearing, status conference hearing, rating mandatory settlement conference hearing, or a priority conference hearing.

A **mandatory settlement conference** is held to assist the parties in resolving the dispute. If the dispute cannot be resolved at that time, the parties should be ready to frame issues, record stipulations, list exhibits, and list the witnesses who will testify at trial. A trial is set only at the discretion of the judge and is set for the purpose of receiving evidence.

A **rating mandatory settlement conference** is a mandatory settlement conference but ratings of the medical reports will be available at the time of the conference.

A **status conference** is not a mandatory settlement conference but a proceeding for which judicial attention is required. It can include, but is not limited to, a lien conference or conference in a complicated case in which discovery is not complete and the parties need the judge's guidance.

A **priority conference** is a conference held under Labor Code section 5502(c) in which the injured worker is represented by an attorney and the issues include employment and/or injury arising out of and in the course of employment.

2. Unless notified otherwise, no witness other than the applicant need attend **conference** hearings. **Claims adjusters and lien claimants must be present or available by telephone.**
3. The party requiring an interpreter must arrange for the presence of an interpreter, except that the defendant(s) must arrange for the presence of the interpreter if the injured worker is not represented by an attorney.
4. Continuances are not favored and none will be granted after the filing of this Declaration without a clear and timely showing of good cause.
5. The Workers' Compensation Appeals Board favors the presentation of medical evidence in the form of written reports.
6. The WCJ, upon the receipt of the Declaration of Readiness, may set the case for a type of proceeding other than the one requested (Rule 10417).