

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:**

ADJ7976768

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:**

ADJ9066508

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*	TIFFANY
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Last Name*	ANDERSON
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**VS**

**Employer Information**

Employer Name	SAN JOAQUIN COUNTY MOSQUITO AND VECTOR CONTROL DISTRICT
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Employer Street Address / PO Box	7759 SOUTH AIRPORT WAY
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City	STOCKTON
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State	CA
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Zip Code (Numbers Only)	95206
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**Declarants: Please designate your role (Please Select Only One)\***

- Employee
- Applicant
- Defendant
- Lien Claimant



and (2) 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 applicable rules.

***If you are a lien claimant filing for a lien conference, you must complete this section:***

The lien filing fee or activation fee has been paid.

Confirmation No:

A filing fee or activation fee is not required because the lien is exempt, or because either the lien was not filed under Labor Code section 4903(b) or the lien is not a claim of costs.

A filing fee was previously paid under the law in effect from 2004 to 2006 and proof of that payment is attached.

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

Declarant's Signature	S SARA SKOLNIK
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Name and Law Firm	STOCKWELL HARRIS SACRAMENTO
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Address	1545 RIVER PARK DR STE 330, SACRAMENTO, CA 95815
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Phone Number	9169241862
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Date (MM/DD/YYYY)	09/23/2015
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\*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).