

STATE OF CALIFORNIA
DIVISION OF WORKERS' COMPENSATION

Case No. ADJ 7004221, 7004227,
7010682, 7976768, 9066508


TIFFANY ANDERSON
Applicant

**ORDER COMPELLING
ATTENDANCE**

vs.
SAN JOAQUIN COUNTY MVCD
Defendants

GOOD CAUSE APPEARING and upon motion by Defendant,

IT IS ORDERED that Applicant attend the 11/30/15 examination with Dr. Tabaddor. Failure to do so may result in dismissal of these matters.


ALVIN R. WEBBER
WORKERS' COMPENSATION
JUDGE

10/14/15

Notice To: Stockwell Harris
Pursuant to Rule 10500, you are designated to
serve this/these documents(s) forthwith on all
parties shown on the attached Official Address
Record(s).
See Proof of Service

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

10-14-2015

OFFICIAL ADDRESS RECORD

Case Number: ADJ7976768-E

ACCLAMATION SACRAMENTO	Insurance Company, PO BOX 269120 SACRAMENTO CA 95826
CHRISTOPHER ELEY STOCKTON	Law Firm, 343 E MAIN ST STE 710 STOCKTON CA 95202, ELEYLAW@GMAIL.COM
SAN JOAQUIN MOSQUITO AND VECTOR CONTROL DISTRICT	Employer, 7759 S AIRPORT WAY STOCKTON CA 95206
STOCKWELL HARRIS SACRAMENTO	Law Firm, 1545 RIVER PARK DR STE 330 SACRAMENTO CA 95815, KALIE_WIKEL@SHWW.COM
TIFFANY ANDERSON	Injured Worker, 2 N AVENA AVE LODI CA 95242

**STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION**

10-14-2015

OFFICIAL ADDRESS RECORD

Case Number: ADJ7010682-E

**ACCLAMATION
SACRAMENTO**

Insurance Company, PO BOX 269120 SACRAMENTO CA 95826

ARS LEGAL WHITTIER

Lien Claimant, 13925 WHITTIER BLVD WHITTIER CA 90605,
michelle.castillo@arslegal.com

**SAN JOAQUIN
MOSQUITO AND
VECTOR CTL**

Employer, 7759 SOUTH AIRPORT WAY STOCKTON CA 95206

**STOCKWELL HARRIS
SACRAMENTO**

Law Firm, 1545 RIVER PARK DR STE 330 SACRAMENTO CA 95815,
KALIE_WIKEL@SHWW.COM

TIFFANY ANDERSON

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Case Number: ADJ7004227-E

ACCLAMATION
SACRAMENTO

Insurance Company, PO BOX 269120 SACRAMENTO CA 95826

ARS LEGAL WHITTIER

Lien Claimant, 13925 WHITTIER BLVD WHITTIER CA 90605,
michelle.castillo@arslegal.com

SAN JOAQUIN
COUNTY IF MOSQUITO
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ACCLAMATION
SACRAMENTO

Insurance Company, PO BOX 269120 SACRAMENTO CA 95826

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TIFFANY ANDERSON

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PROOF OF SERVICE BY MAIL

I, Kimberly Port, certify that the following is true and correct:

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

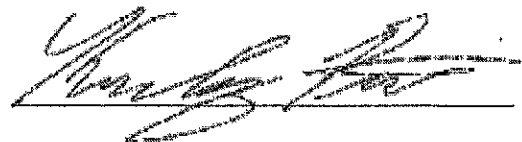
My business address is 31 E. Channel Street #344, Stockton, California 95202. On 10/14/15, I served the **ORDER COMPELLING ATTENDANCE AND OFFICIAL ADDRESS RECORDS FOR CASES ADJ7004221, ADJ7004227, ADJ7010682, ADJ7976768 AND ADJ9066508** by causing true copies thereof, enclosed in sealed envelopes with postage thereon fully prepaid, to be placed in the United States Post Office mail box at Stockton, California, addressed to the following parties:

STOCKWELL HARRIS Law Firm, 1545 RIVER PARK DR STE 330 SACRAMENTO CA 95815,
SACRAMENTO KALIE_WIKEL@SHWW.COM

Who, pursuant to Rule 10500 is designated to serve this/these document(s) forthwith on all parties shown on the Official Address Record.

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 10/14/2015 at Stockton, California.

A handwritten signature in black ink, appearing to read 'Kimberly Port', written over a horizontal line.

Kimberly Port