PRE-TRIAL CONFERENCE STATEMENT

V.	APPLICANT	CASE NO	o. ADJ	
С	DEFENDANT(S).		AL CONFERENCE STATEM	
LOCATION:	DATE:	TIME:		
SETTLEMENT CONFERENCE JUDGE	::			
APPEARANCES				
☐ INJURED WORKER:				
☐ INJURED WORKER'S ATTORNE	Y:		□ATTY □HRG REP	
☐ DEFENDANT'S ATTORNEY:	(FIRM NAME AND PERSON			□ATTY □HRG REP □ATTY □HRG REP
□ OTHERS APPEARING: (L.C., INTERPRETERS, ETC.)□ ADDRESS RECORD CHANGES:	(FIRM NAME AND PERSON	,	(DEFENDANT)	-
☐ BEFORE ANY WCJ ☐	BOX BELOW TO BE COMPLETED R REGULAR HEARING: JRS	ULL DAY ULL DAY	VCAB NOTICE □ NO IEN TRIAL ANY WCJ OTHER THAN _	
OTHER DISPOSITION	TE) (TIME) ON AND ORDERS:		_IIV _	(LOCATION)
SERVICE AS ORDERED ON	I PAGE 4		WORKERS' COMPE	NSATION JUDGE

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PRE-TRIAL CONFERENCE STATEMENT

_	400	NO			
٠.	ASE	NO.			

STIPULATIONS

THE FOLLOWING FACTS ARE ADMITTED:	
1	, BORN
WHILE EMPLOYED ALLEGEDLY EMPLOYED	
□ ON	
□ DURING THE PERIOD(S)	
	_, OCCUPATIONAL GROUP NUMBER
AT	
BY	OF EMPLOYMENT TO
D 303TAINED INSURT ARISING OUT OF AND IN THE COURSE	. OF EMPEOTIMENT TO
☐ CLAIMS TO HAVE SUSTAINED INJURY ARISING OUT OF ANI	D IN THE COURSE OF EMPLOYMENT TO
2. AT THE TIME OF INJURY THE EMPLOYER'S WORKERS' CO	MPENSATION CARRIER WAS
☐ THE EMPLOYER WAS ☐ PERMISSIBLY SELF-INSURED	□ UNINSURED □ LEGALLY UNINSURED
3. AT THE TIME OF INJURY, THE EMPLOYEE'S EARNINGS WE	RE \$PER WEEK, WARRANTING INDEMNITY
RATES OF \$ FOR TEMPORARY DISABILITY	AND \$ FOR PERMANENT DISABILITY.
4. THE CARRIER/EMPLOYER HAS PAID COMPENSATION AS F	OLLOWS: (TD/PD/VRMA)
TYPE WEEKLY RATE PERIOD	TYPE WEEKLY RATE PERIOD
	
	 ,
	FOR ALL PERIODS OF T/D CLAIMED THROUGH
5. THE EMPLOYER HAS FURNISHED ☐ ALL ☐ SOME	□ NO MEDICAL TREATMENT.
THE PRIMARY TREATING PHYSICIAN IS	
6. ☐ NO ATTORNEY FEES HAVE BEEN PAID AND NO ATTOR	
7. OTHER STIPULATIONS	
_	_
ADDI ICANT DEFENDANT	T LIEN OLAIMANT/OTHED

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PF	RE-TRIAL CONFERENCE STATEMENT	Ī	CASE NO.
		ISSUES	
	EMPLOYMENT:		
	INSURANCE COVERAGE:		
	INJURY ARISING OUT OF AND IN THE COURS	E OF EMPLOYMENT:	
	PARTS OF BODY INJURED:		
	EARNINGS: EMPLOYEE CLAIMS	PER WEEK, BASED ON	
	EMPLOYER/CARRIER CLAIMS	PER WEEK, BASED ON	
	TEMPORARY DISABILITY, EMPLOYEE CLAIMI	NG THE FOLLOWING PERIOD(S):	
_	PERMANENT AND STATIONARY DATE:		
	EMPLOYEE CLAIMS	_, BASED ON	
	PERMANENT DISABILITY APPORTION		
	OCCUPATION AND GROUP NUMBER CLAIMEI	D: BY EMPLOYEE	
		BY EMPLOYER/CARRIER	
	NEED FOR FURTHER MEDICAL TREATMENT:		
	LIABILITY FOR SELF-PROCURED MEDICAL TR	REATMENT:	
_	LIENS:		
LIE	EN CLAIMANT	TYPE OF LIEN	AMOUNT AND PERIODS PAID
_			
	ATTORNEY FEES		
	OTHER ISSUES:		
_			
_			
_			
_			

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LIEN CLAIMANT/OTHER

DEFENDANT

APPLICANT

PRE-TRIAL CONFERENCE STATEMENT

CASE	110		
	NI()		
CASL	INO.		

THIS PAGE FOR J	UDGE'S USE ONLY
JUDGE'S CONFERENCE NOTES:	
ORDERS	
☐ IT IS ORDERED PURSUANT TO WCAB RULE 10500, T	THAT □ DEFENDANT □ APPLICANT □ LIEN CLAIMANT SERVE
FORTHWITH THIS PRE-TRIAL CONFERENCE STATEMENT	NOTICE OF HEARING ON ALL PARTIES OR THEIR REPRESENTATIVE
SHOWN ON THE OFFICIAL ADDRESS RECORD AND ANY ADDITIONAL	LIEN CLAIMANTS WHOSE LIENS ARE SHOWN UNDER ISSUES (PAGE
3).	
☐ IT IS FURTHER ORDERED THAT ☐ DEFENDANT ☐ A	PPLICANT LIEN CLAIMANT SERVE TIMELY NOTICE OF THE TIME
AND PLACE OF ALL REGULAR HEARING SESSIONS ON ALL LIEN C	CLAIMANTS WHOSE LIENS ARE SHOWN UNDER ISSUES, TOGETHER
WITH THE FOLLOWING NOTICE: YOUR LIEN IS AT ISSUE AND WILL E	
IT IS FURTHER ORDERED THAT THE PROOF OF SERVICE (ORDERED ABOVE BE FILED WITH THE WCAB ONLY ON REQUEST OF
THE ASSIGNED WORKERS' COMPENSATION JUDGE.	
OTHER DISPOSITION AND ORDERS:	
SERVICE OF THIS DOCUMENT WAS MADE PERSONALLY UPON	BY WCJ.
DATE	WORKERS' COMPENSATION JUDGE
	WORKERS COMPENSATION JUDGE

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PRE-TRI	AL CONFERENCE STATE	MENT	CASE NO	
		EXHIBITS		
□ APPLICE □ DEFEN □ LIEN □ APPEA	DANT LAIMANT	Description	DATE	
				—
				—
				_
			-	—
	-	WITNESSI	 ES	
				_
	ABOVE LIS	STINGS OF EXHIBITS AND WITNESSES REV	VIEWED BY ALL PARTIES.	
APPLICAN	<u> </u>	DEFENDANT	LIEN CLAIMANT/OTHER	_

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