



Andrew Monroy

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September 18, 2017

Hearing Request
Legal Unit, Division of Workers' Compensation
Division of Workers' Compensation
1515 Clay Street, Suite 1800
Oakland, California. 94612

Dear Administrative Director, *LEGAL UNIT.*

I respectfully request that a hearing be deferred until a later date as I am currently under the care of a physician and am disabled.

Andrew Monroy

Proof Of Service By Mail

I declare that:

I am (resident of/employed in) the county of SANTA BARBARA California. I am over the age of eighteen years, my (business/residence) address is:

On 9/18/17, I served the attached HEARING REQUEST on the ON THE SAME DAY in said case, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully paid, in the United State mail at

USPS 130 S. PATTERSON AVE addressed as follows _____
SANTA BARBARA, CA 93111

LEGAL UNIT, DIVISION OF WORKERS' COMPENSATION
DIVISION OF WORKERS' COMPENSATION
1515 CLAY ST. SUITE 1800
OAKLAND, CALIFORNIA 94612

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on (date) 9/18/17, at SANTA BARBARA California.

Type or print name ANDREW MONROY

Signature 