

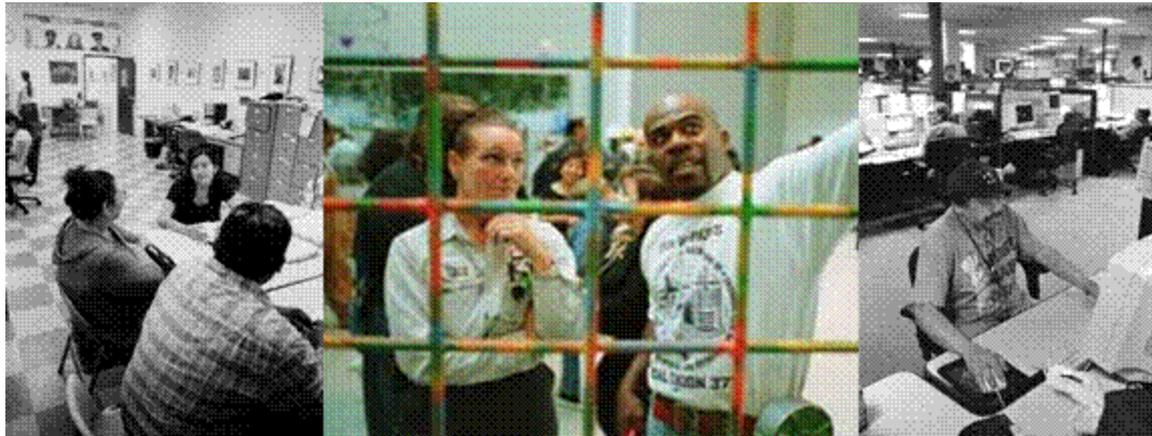
Division of Workers' Compensation



Electronic Adjudication
Management System

CA Department of Industrial Relations

EAMS e-forms EDD Training January 06 & 13, 2010



Agenda

- Getting it right the first time
- Fixing your mistakes
- Q&A

Q & A Process

- Write down your questions – leave room for answers
- Note your main question – ask it first
- Press *1 if you want to ask a question
 - Our Moderator will be connecting you in order
- Each administrator will be able to ask 1 question initially
 - If you have more, press *1 to get back in the queue
- Listen carefully to each question
 - Many of yours will be answered as we go
- If you have more, press *1 to get back in the queue

PREPARATION

- Get and VERIFY ALL your information BEFORE you start the e-form

Uniform Assigned Names

- Don't make up your own

EACH EDD OFFICE HAS ITS OWN QUASI-UAN

EDD NDI STOCKTON	3649282
EDD PFL FRESNO	4621858
EDD SDI CHICO	4509884
EDD SDI CHINO HILLS	3649175
EDD SDI FRESNO	4510205
EDD SDI LONG BEACH	4510206
EDD SDI LOS ANGELES	3649214
EDD SDI OAKLAND	4510211
EDD SDI SAN BERNARDINO	3649222
EDD SDI SAN DIEGO	4510212
EDD SDI SAN FRANCISCO	3649232
EDD SDI SAN JOSE	4510207
EDD SDI SANTA ANA	3649164
EDD SDI SANTA BARBARA	3649049
EDD SDI SANTA ROSA	4510208
EDD SDI STOCKTON	4509887
EDD VAN NUYS	4509885
EDD UI RANCHO CORDOVA	4621982

Uniform Assigned Names – con't

- Use only those from the online database list
- Use for ALL case participants that have a UAN
 - Law firms
 - CLAIMS ADMINISTRATORS' OFFICES

Must use the address listed in the database

This includes your address as listed for your quasi-UAN

If you don't have a UAN for an entity that should, get it before you file – don't just leave it blank

Case Number

- Biggest problem – sloppy typing – especially on unstructured e-form
- ADJ case numbers NEVER have zero for the first digit
- Do NOT just put “ADJ” in front of the Legacy Case Number

Website links

- Main EAMS Page
 - www.dwc.ca.gov/eams
- Uniform Assigned Name (UAN) Online Database
 - http://www.dir.ca.gov/DWC/eams/EAMS-LC/EAMS_ClaimsAdmins_Reps.htm
- EAMS Case Number Lookup Tool
 - <http://www.dir.ca.gov/dwc/eams/eams-lc/EAMSCases.asp>
- At the bottom of the EAMS main page is a section titled “Working In EAMS” where you will find the links to the UAN and the EAMS Case Number Lookup Tool as well

S Signature

- Proper format:

S JOHN JONES

- Do NOT use any slashes
- Do NOT forget to type the person's name
- You MUST USE on EDD Lien even though you do not need the S Signature Verification
- Only to be used on e-forms
- Reference Guide pg 20

Doc Titles

- Use the Correct one
- Refer to the Doc Type and Title list on OCR forms page and to the Reference Guide
- If you can't find a corresponding Doc Type and Title, use:
ADJ – MISC – CORRESPONDENCE-OTHER

Duplicate Filing

- In a word, **DON'T**
- If you don't see your document in FileNet after the next batch run, **WAIT**, check the next morning
- If it still is not there, **email the HelpDesk**
 - Must include the IW name and Batch ID in your email
 - **DO NOT REFILE**
- If told it is in the UDQ, **WAIT** for the email from the UDQ Operator – **DO NOT REFILE**
 - UDQ Operator may have to un-archive a case
 - May fix the problem and reprocess
 - Will email you with the problems

Duplicate Filing – con't

- You have emailed the HelpDesk...
- If told it is NOT in the UDAQ, email Jackie – JMccconnie@dir.ca.gov with the Batch ID, IW Name, the Case number ON the document you filed – you probably entered the incorrect case number
 - She will email you to advise if the documents were moved to the correct case or deleted.
 - **DO NOT REFILE** unless her next email says they were deleted

Duplicate Filing – con't

- Right after you click “Submit” you realized you made a mistake
- Email Jackie with
 - IW Name
 - Batch ID
 - Case Number
 - **DO NOT REFILE**
- If the Batch is in the UDAQ she will delete it
- If the Batch processed successfully, she will have to delete the documents
- Either way, **DO NOT REFILE** – wait for her email

Reprocessed Batch

- You receive an email that says “Your batch has been reprocessed”
 - This means that the UDQ Operator FIXED what was wrong that caused the batch to err to the UDQ and has re-submitted it
 - After the next batch run, check to see if the document(s) are in FileNet
 - If not, **DO NOT REFILE**
 - Email the UDQ Operator for follow-up

Proof of Service

- Use the correct format in the upper left hand corner:
- Your proof of service needs all of the following in the upper left hand corner:
 - Your Quasi - Uniform Assigned Name
 - EAMS Administrator Name
 - EAMS Administrator's Phone – Direct or with Extension
 - EAMS Administrator's Email
 - Page 21 of the Reference Guide

Labeling your Documents

- Do **NOT** use “EXHIBIT” or “EVIDENCE”
 - Abbreviations
 - They must make sense to anyone reading it
 - The WCJs don’t know what “LSSPOFS” or what “ADJ123456SANCHEZ8411” means
 - Some you just can’t abbreviate to make sense to everyone
 - For Example:
 - Final Stmt Final Statement
- See Guide pg 35

Filing Date

- As you know, if you submit a batch on a holiday or Saturday, assuming it is successful, the filing date is on the next DWC business day
- The same holds true for batches submitted on Furlough Fridays

Fields

- If there is no information to enter in a field, **LEAVE IT BLANK**
- For example:
 - Do NOT type “NONE”
 - Do NOT type “UNKNOWN”

LEAVE IT BLANK!

Companion Cases

- When filing your Lien, do NOT select the radio button “Companion Cases Exist” nor enter any companion case numbers.
- File your lien separately in EACH case so that your office is added to the case participants screen

E-form Attachments

- If you are submitting an e-form that will have attachments:
- Use the Attachment link at the top of the page
- Do NOT submit the e-form and then fill out an unstructured e-form

The e-form DE2581

- The following are pages of the e-form with instruction

Coversheet - 1 Coversheet - 2 Coversheet - 3 Coversheet - 4 Coversheet - 5 Form - 1 Form - 2 Form 3 Form 4 Form 5

**STATE OF CALIFORNIA
DWC DISTRICT OFFICE
E-COVER SHEET**

Companion Cases Exist

Location*:

More than 15 Companion Cases

Walk Thru Yes No

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:

Do NOT select this box

You must select "CTL"

Enter the Date you Prepare the Lien

Do NOT list type or DOI or Body Parts

Do enter the SSN

You must select ADJ

Coversheet - 1 Coversheet - 2 Coversheet - 3 Coversheet - 4 Coversheet - 5 **Form -1** Form -2 Form 3 Form 4 Form 5

Enter the Date you Prepare the Lien

Do **NOT** select Amended Lien

DISTRICT OFFICE - DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD
NOTICE AND REQUEST FOR ALLOWANCE OF LIEN

Date <small>(MM/DD/YYYY)</small>	12/30/2009	Date Of Original Lien* <small>(MM/DD/YYYY)</small>	<input type="checkbox"/> Amended Lien
----------------------------------	------------	--	---------------------------------------

Case Number	Information Will Be Obtained From The Coversheet
-------------	--

(Choose only one)

a specific injury on
(MM/DD/YYYY)

a cumulative trauma injury which began on and ended on
(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

SSN <small>(Numbers only)</small>	Information Will Be Obtained From The Coversheet
-----------------------------------	--

Date of Birth <small>(MM/DD/YYYY)</small>	01/01/1960
---	------------

Fill in IW info as it is in EAMS

Injured Worker	
First Name	FRED
MI	
Last Name	SAMPLE
Address/PO Box	PO BOX 1234
City	SAN DIEGO
State	CA
Zip Code (Numbers Only)	92101

Lien Claimant	
---------------	--

Coversheet - 1 | Coversheet - 2 | Coversheet - 3 | Coversheet - 4 | Coversheet - 5 | **Form -1** | Form -2 | Form 3 | Form 4 | Form 5

Last Name	SAMPLE
Address	PO BOX 1234
City	SAN DIEGO
State	
Zip Code (Numbers Only)	92101

Enter your Quasi-UAN ONLY

Do **NOT** Enter First or Last Name – Leave them **BLANK**

Lien Claimant

Organization*	EDD SDI SAN DIEGO
First Name	
MI	
Last Name	
Address/PO Box-	PO BOX 120831
City-	SAN DIEGO
State-	CA
Zip Code* (Numbers Only)	92112
Phone* (Numbers Only)	

Your address **MUST** match **exactly** as it is in EAMS – NOTE: there is NO space between the “P” and “O”

Lien Claimant Attorney/Representative

Law Firm/Attorney Non Attorney Representative Lien Claimant not represented

Lien Claimant Law Firm/Representative	
First Name	
Last Name	
Address/PO Box	
City	
State	
Zip Code (Numbers Only)	
Phone (Numbers Only)	

Employer

Name	ACME WIDGETS
Address/PO Box	123 N SOUTH ST
City	SAN DIEGO
State	CA
Zip Code (Numbers Only)	92101

Insurance Carrier or Claims Administrator Information

Name	GALLAGHER BASSETT 4040 SACRAMENTO
Street Address/PO Box	PO BOX 4040
City	SACRAMENTO
State	CA
Zip Code (Numbers Only)	95812

Select this radio button but leave the rest of this section **BLANK**

You **MUST** Enter the Claims Administrator's UAN and address as it is listed in the online database

Enter Employer Info as it is in EAMS

You **MUST** use the UAN for the defense attorney – if none or if unknown, Leave the entire section **BLANK** – if you enter the UAN, you **MUST** use their address as listed in the online database

Employer or Claims Administrator Attorney/Representative (if known)

Name	PARKER IRWIN SAN DIEGO
Address/PO Box	3131 CAMINO DEL RIO N STE 1610
City	SAN DIEGO
State	CA
Zip Code (Numbers Only)	92108

OPENING LIEN

1. The undersigned hereby notifies the Division of Workers' Compensation (DWC) that payments of unemployment compensation disability * State Disability Insurance (SDI) or family temporary disability insurance * Paid Family Leave (PFL) insurance benefits are being made at the weekly rate of* Commencing* and continuing. Total benefit payments will not exceed . Request is made that these payments be determined and allowed as a lien in the settlement of this case. Upon cessation of payments and on the request of the DWC, an amended "Notice and request for Allowance of Lien" will be filed to cover the totals paid.

ADDITIONAL LIEN

2. The undersigned hereby notifies the DWC that additional payments of unemployment compensation disability State Disability Insurance (SDI) or family temporary disability insurance Paid Family Leave (PFL) insurance benefits are being made at the weekly rate of , Commencing and continuing. Total benefit payments will not exceed Request is made that these payments be determined and allowed as a lien in the settlement of this case. Upon cessation of payments and on the request of the DWC, an amended "Notice and request for Allowance of Lien" will be filed to cover the total paid.

AMENDED LIEN

3. The undersigned hereby requests the DWC to determine and allow as a lien the sum stated below as "Total," which represents the amount of unemployment compensation disability and/or family temporary insurance benefits paid to date, plus applicable interest pursuant to California Unemployment Insurance Code section 2629.1(e) , and California Labor Code section 4904. Further benefits will be paid if the employee is found eligible and the DWC notified of any resumption of payments. Upon cessation of these continued payments or on the request of the DWC, a further amended lien will be filed.
Filed under Labor Code section 4903(f):
SDI benefits were paid at the weekly rate of for the periods shown below:

PROOF OF SERVICE

I declare I have delivered or mailed a copy of this document on to each of the persons named above and listed below. Field size limited to 1323 characters (MM/DD/YYYY)

FRED JONES PO BOX 2134 OXNARD CA 92104
EMPIRE 1234 N STATE ST LOS ANGELES CA 90017

Enter Date you Prepare the Lien

You May List all Entities You are Serving Instead of Attaching a Proof of Service

The Person Preparing the Lien **MUST** Enter Their S Signature in This Format – S FIRST NAME LAST NAME

If other persons should be served with this document, please notify the Employment Development Department at the above address.

State of California
Employment Development Department

(Lien Claimant)

Attachment to a Lien

- You may attach only the following to your lien:
 - Proof of Service
 - Final Lien Statement
 - EDD does not have to file a 10770.5 verification

Attachment Link

This link is at the top of every page of the EDD Lien

EDD Lien - Windows Internet Explorer

https://ieamsdm.dwc.ca.gov/eamseforms/pr

File Edit View Favorites Tools Help

Links Employer Search DIR DWC EAMS claims administrator and representatives' offices Case Search

EDD Lien

[Attachment](#) | [Submit](#) | [Help](#) | [Print PDF](#)

Coversheet - 1 | Coversheet - 2 | Coversheet - 3 | Coversheet - 4 | Coversheet - 5 | Form -1 | Form -2 | Form 3 | Form 4 | Form 5

**DISTRICT OFFICE - DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD
NOTICE AND REQUEST FOR ALLOWANCE OF LIEN**

Date (MM/DD/YYYY) Date Of Original Lien* Amended Lien
(MM/DD/YYYY)

Case Number Information Will Be Obtained From The Coversheet

(Choose only one)

a specific injury on Specific Injury and Cumulative Trauma Information Will Be Obtained From The Coversheet
(MM/DD/YYYY)

a cumulative trauma injury which began on and ended on
(START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

SSN (Numbers only) Information Will Be Obtained From The Coversheet

Attachment Screen

Enter the date you prepare the lien

https://ieamsdm.dwc.ca.gov/ - Attachment - Windows Internet Explorer

EAMS Electronic Adjudication Management System

Document Type*:

Document Title*:

Document Date: (MM/DD/YYYY)

Author:

File Upload*:

Done Trusted sites 100%

ONLY Your Quasi-UAN goes here

Attachment Screen – con't – Proof of Service

https://ieamsdm.dwc.ca.gov/?hdnContextName=%2Feamseforms¶m=&doc_change=change&doc_typ...

EAMS Electronic Adjudication Management System

Document Type*: LEGAL DOCS

Document Title: PROOF OF SERVICE

Document Date: 12/30/2009 (MM/DD/YYYY)

Author: EDD SDI SAN DIEGO

File Upload*: Browse...

Attachment

Done Trusted sites 100%

Attachment Screen – con't – Proof of Service

The screenshot displays a web browser window with the URL https://ieamsdm.dwc.ca.gov/?hdnContextName=%2Feamseforms¶m=&doc_change=change&doc_typ.... The browser's address bar shows the URL. The page content includes a blue header with the text "AMS" and "Electronic Adjudication Management System". Below the header, there is a form with several fields: "Type*" (set to "LEGAL DOCS"), "File*" (set to "PROOF OF SERVICE"), "Date:" (set to "12/30/2009" with "(MM/DD/YYYY)" next to it), and "EDD SDI SAN DIEGO". A "Browse..." button is circled in green. At the bottom of the browser window, the status bar shows "Done", "Trusted sites", and "100%".

Overlaid on the browser is a "Choose file" dialog box. The "Look in:" field is set to "Desktop". The file list contains several items, with "PROOF OF SERVICE" selected. The "File name:" field at the bottom of the dialog is set to "PROOF OF SERVICE", and the "Files of type:" field is set to "All Files (*.*)". The "Open" button is circled in green.

Attachment Screen – con't - Proof of Service

The screenshot shows a web browser window with the URL https://ieamsdm.dwc.ca.gov/?hdnContextName=%2Feamseforms¶m=&doc_change=change&doc_typ.... The page header features the EAMS logo and the text "Electronic Adjudication Management System".

The form contains the following fields and controls:

- Document Type*:** A dropdown menu with "LEGAL DOCS" selected.
- Document Title*:** A text input field containing "PROOF OF SERVICE".
- Document Date:** A text input field containing "12/30/2009" with the format "(MM/DD/YYYY)" to its right.
- Author:** A text input field containing "EDD SDI SAN DIEGO".
- File Upload*:** A text input field containing "C:\Documents and Settii" and a "Browse..." button.
- Attachment:** A button located below the File Upload field, which is circled in green.

The browser's status bar at the bottom shows "Done", "Trusted sites", and "100%" zoom level.

Attachment Screen – con't - Proof of Service

https://ieamsdm.dwc.ca.gov/ - Attachment - Windows Internet Explorer

EAMS Electronic Adjudication Management System

Document Type*:

Document Title*:

Document Date: (MM/DD/YYYY)

Author:

File Upload*:

[Uploaded Documents](#)

Document Type	Document Title	File Name	
LEGAL DOCS	PROOF OF SERVICE	C:\Documents and Settings\Charles Ellison\Desktop\PROOF OF SERVICE.doc	<input type="button" value="Delete"/>
			<input type="button" value="Done"/>

Trusted sites 100%

Attachment Screen – con't – Final Statement

https://ieamsdm.dwc.ca.gov/?hdnContextName=%2Feamseforms¶m=&doc_change=change&doc_typ...

EAMS Electronic Adjudication Management System

Document Type*: MISC

Document Title*: CORRESPONDENCE-OTHER

Document Date: 12/30/2009 (MM/DD/YYYY)

Author: EDD SDI SAN DIEGO

File Upload*: Browse...

Attachment

Done Trusted sites 100%

Attachment Screen – con't – Final Statement

The image shows a web browser window displaying the Electronic Adjudication Management System (EAMS) interface. The browser address bar shows the URL: `dm.dwc.ca.gov/?hdnContextName=%2Feamseforms¶m=&doc_change=change&doc_typ...`. The page header includes the EAMS logo and the text "Electronic Adjudication Management System".

The main content area contains a form with the following fields:

- Document Type: MISC (dropdown menu)
- Category: CORRESPONDENCE-OTHER (dropdown menu)
- Date: 12/30/2009 (MM/DD/YYYY)
- Attachment Name: EDD SDI SAN DIEGO
- Attachment File: [Empty field with a "Browse..." button]

A "Browse..." button is circled in green. Below the browser window, a "Choose file" dialog box is open, showing the Desktop folder. The file list includes "FINAL STMT", which is selected. The "File name" field contains "FINAL STMT" and the "Files of type" is set to "All Files (*.*)". The "Open" button is also circled in green.

The browser status bar at the bottom shows "Done", "Trusted sites", and "100%" zoom level.

Attachment Screen – con't – Final Statement

https://ieamsdm.dwc.ca.gov/?hdnContextName=%2Feamseforms¶m=&doc_change=change&doc_typ...

EAMS Electronic Adjudication Management System

Document Type*: MISC

Document Title*: CORRESPONDENCE-OTHER

Document Date: 12/30/2005 (MM/DD/YYYY)

Author: EDD SDI SAN DIEGO

File Upload*: C:\Documents and Sett... Browse...

Attachment

Done Trusted sites 100%

Attachment Screen - con't – Final Statement

https://ieamsdm.dwc.ca.gov/ - Attachment - Windows Internet Explorer

EAMS Electronic Adjudication Management System

Document Type*:

Document Title*:

Document Date: (MM/DD/YYYY)

Author:

File Upload*:

[Uploaded Documents](#)

Document Type	Document Title	File Name	
MISC	CORRESPONDENCE-OTHER	C:\Documents and Settings\Charles Ellison\Desktop\FINAL STMT.doc	<input type="button" value="Delete"/>
<input type="button" value="Done"/>			

Trusted sites 100%

Other Documents

- Do NOT file any other documents with or in addition to your lien other than a Proof of Service (if used) or your Final Lien Statement.
- Do NOT file any supporting documents such as:
 - Medical reports/certifications
 - EDD Claim Form from the IW
 - Any Internal EDD Documents
- You will not file any documents in support of your lien until the case is set for trial and your lien is in issue.
- Do not file duplicate documents.

Declaration of Readiness to Proceed (DOR)

- See Guide pages 14, 16, 38
- Can only be filed by EDD if the case in chief is resolved
- EDD does not need to file a 10770.6 verification

If there are companion cases you need set with the main case, check this box and list only the companion case numbers in the sections below

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:

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

objection to the proceedings requested by a Declaration of Readiness to proceed shall
ved within ten (10) days after service of the Declaration.

Information Will Be Obtained From The Coversheet

Applicant

First Name* FRED

MI

Last Name* SAMPLE

VS

Employer Information

Employer Name ACME WIDGETS

Employer Street Address / PO Box 123 N SOUTH ST

City SAN DIEGO

State CA

Zip Code (Numbers Only) 92101

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

- Employee
- Applicant
- Defendant
- Lien Claimant

Fill in IW info as it is
in EAMS

Enter Employer Info
as it is in EAMS

Select Lien Claimant

Declarant requests: (Please Select Only One)*

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

Select Hearing Date from the
own list: *

Hearing Date

Search

Hearing Date

SearchNext

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

Declarant relies on the report(s) of:

Doctor(s)

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)

SET FORTH YOUR EFFORTS TO RESOLVE YOUR LIEN

You may select either an MSC or a status conference

You can list and attach only 1 medical report

Declarant requests: (Please Select Only One)*

- Mandatory Settlement Conference Status Conference
 Rating MSC* Priority Conference

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

Hearing Date

	Search
2010/01/28-13:30:00	SearchNext
2010/01/28-13:30:00	
2010/01/28-13:30:00	
2010/01/28-08:30:00	

JDB

Alternate Hearing Date:

At the present time the principal issues

- | | |
|---|--|
| <input type="checkbox"/> Compensation Rate | <input type="checkbox"/> Self-procured Medical Treatment |
| <input type="checkbox"/> Temporary Disability | <input type="checkbox"/> Future Medical Treatment |
| <input type="checkbox"/> Permanent Disability | <input type="checkbox"/> Discovery |
| <input type="checkbox"/> AOE/COE | |
| <input type="checkbox"/> Employment | |

Other

Declarant relies on the report(s) of:

Doctor(s)

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)

SET FORTH YOUR EFFORTS TO RESOLVE YOUR LIEN

The Person Preparing the Lien **MUST** Enter Their S Signature in This Format – S FIRST NAME LAST NAME

Enter your Quasi-UAN ONLY

Your address **MUST** match **exactly** as it is in EAMS – NOTE: there is NO space between the “P” and “O”

Enter the Date you Prepare the Lien

Unless a status or priority conference is requested, I have completed discovery on the issues stated 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 CHARLES ELLISON

Name and Law Firm EDD SDI SAN DIEGO

Address PO BOX 120831 SAN DIEGO CA 92112

Phone Number

Date 12/30/2005

*For a Rating MSC on 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 is set only where the issues are limited to permanent disability and the need for future medical treatment.

Attachment Link

- Use this link which is at the top of every DOR page to attach your Proof of Service and Medical Report

DECLARATION OF READINESS TO PROCEED

[Attachment](#) | [Submit](#) | [Help](#) | [Print PDF](#) | [Search](#) | [Search Next](#)

Coversheet -1 | Coversheet -2 | Coversheet -3 | Coversheet -4 | Coversheet -5 | Form -1 | Form -2 | Form -3 | Form -4

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

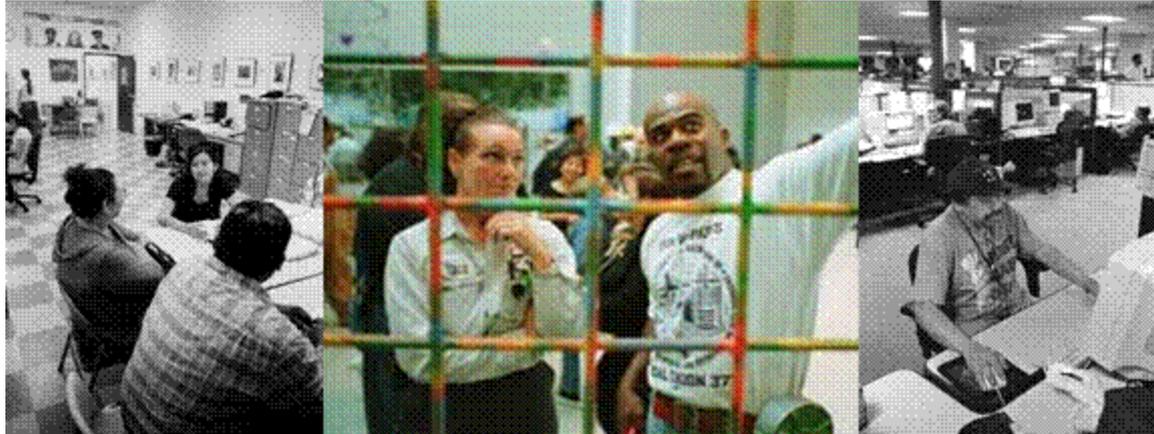
First Name*

MI

Division of Workers' Compensation



Q&A



Q & A Process

- Write down your questions – leave room for answers
- Note your main question – ask it first
- Press *1 if you want to ask a question
 - Our Moderator will be connecting you in order
- Each administrator will be able to ask 1 question initially
 - If you have more, press *1 to get back in the queue
- Listen carefully to each question
 - Many of yours will be answered as we go
- If you have more, press *1 to get back in the queue