

STATE OF CALIFORNIA DIVISION OF WORKERS' COMPENSATION WORKERS' COMPENSATION APPEALS BOARD DECLARATION OF READINESS TO PROCEED TO EXPEDITED HEARING (TRIAL) [Labor Code section 5502(b)]

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.

| | ten (10) days after service of the Declara | |
|--|--|----------------------------|
| Case No. | | |
| Applicant | | |
| | | |
| First Name | MI | |
| Look Nove | | |
| Last Name VS | | |
| Employer Information | | |
| Employer Name (Please leave blank spaces between numbers, na | ames or words) | |
| | | |
| Employer Street Address/PO Box (Please leave blank spaces between | ween numbers, names or words) | |
| | , | |
| City | | Zip Code |
| The Declarant requests that this case be set for expedited hearing | and decision on the following issu | es: |
| Entitlement to medical treatment per Labor Code § 4600, excep | ot issues determined pursuant to Lab | or Code §§ 4610 and 4610.5 |
| Entitlement to temporary disability, or disagreement on amount | unt of temporary disability. | |
| Whether there is a properly established MPN in which the er | mplovee may obtain treatment. (If r | equested, this will be the |
| only issue heard at the hearing.) See Labor Code §§ 4603.2 | | |
| Entitlement to compensation is in dispute because of a disag | greement between employers and/ | or carriers. |
| Declarant states under penalty of perjury that he or she has made | the following specific genuine, as | and faith offarts to |
| resolve the dispute(s) listed above: | : the following specific, genuine, go | |
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| Declarant states under penalty of perjury that there is a that his/her discovery is complete on said issues. | a bona fide dispute; that he/she is presently ready to pro | ceed to hearing; |
|--|--|------------------|
| Declarant's Signature | | |
| Name of declarant or name of the law firm of the decla | arant (Print or Type) | _ |
| Address (Please leave blank spaces between numbers | s, names or words) | |
| Phone Number Date | MM/DD/YYYY | |