

Information & Assistance Unit guide 6

How to request an expedited hearing

File a declaration of readiness to proceed to expedited hearing when you need an expedited hearing on a claim that's been accepted. You can also use this form to request an expedited hearing if the insurance company hasn't approved medical treatment while investigating your claim.

The law requires the insurance company to authorize needed medical treatment within one working day after you submit a workers' compensation claim form, even while your claim is being investigated.

In addition to medical treatment, you can also request an expedited hearing at your local Workers' Compensation Appeals Board (WCAB) office to settle a disagreement about:

- Temporary disability or the amount of temporary disability payments
- Vocational rehabilitation (if you appealed your Rehabilitation Unit determination on time or need to enforce a Rehabilitation Unit determination)
- Or when two or more employers argue over which one is liable for your benefit payments.

No matter what the problem, a hearing will only be set if you have an existing WCAB case number. If you do not have an existing WCAB case number, you also need to file an application for adjudication of claim (see I & A guide 4), which opens a WCAB case for you.

Complete the form using the attached sample as a guide. Check the issues being disputed. Provide a brief explanation of the issue or issues. Be sure to sign and date the form. File all supporting evidence with the form, including relevant medical reports. This form can also be completed at http://www.dir.ca.gov/dwc/FORMS/EAMS%20Forms/ADJ/DWCCAFORM10252_1.pdf.

Send copies to your local WCAB office and to all the parties:

Submit the following documents with your form filing in the order shown:

- ✓ [Document Cover Sheet](#)
- ✓ [Document Separator Sheet](#) (*for Declaration of Readiness to Proceed to Expedited Hearing (Trial)*)
- ✓ [Declaration of Readiness to Proceed to Expedited Hearing](#) (Trial)
- ✓ [Document Separator Sheet](#) (*for Proof of Service By Mail*)
- ✓ [Proof of Service By Mail](#)

Keep originals for your record.

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All parties will be notified by mail when a hearing is set.

All documents filed with the WCAB must include a document cover sheet and document separator sheet. Please see I&A guides 17 and 18 to learn how to complete these forms. In addition all forms must be typed or handwritten in block letters to insure legibility. Additional form instructions can be found on the EAMS OCR handbook at http://www.dir.ca.gov/dwc/eams/SampleFiles/EAMS_OCR%20handbook.pdf.

If you need help, call an [Information and Assistance \(I&A\) office](#), or attend a [workshop for injured workers](#). The local I&A phone numbers are attached to this guide. You can get information on a local workshop from the I&A office or on the Web at www.dwc.ca.gov.

If you do not have the name and address of your insurance company to complete a form, please link to <http://www.dir.ca.gov/DWC/EAMS/EAMS-LC/EAMSClaimsAdmins.asp>.

The information contained in this guide is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations different than those present here.

When sending documents to a district office, please make sure they are not folded or stapled. Send them in a large manila envelope. Please see the EAMS OCR forms handbook for further instructions.

WORKERS' COMPENSATION APPEALS BOARD DISTRICT OFFICES

ANAHEIM, 92806-2131

1065 N. PacificCenter Drive, Suite 202
Information & Assistance Unit (714) 414-7401

BAKERSFIELD, 93301-1929

1800 30th Street, Suite 100
Information & Assistance Unit (661) 395-2514

EUREKA, 95501-0481

100 "H" Street, Suite 202
Information & Assistance Unit (707) 441-5723

FRESNO, 93721-2219

2550 Mariposa Mall, Suite 4078
Information & Assistance Unit (559) 445-5355

GOLETA, 93117-5551

6755 Hollister Avenue, Suite 100
Information & Assistance Unit (805) 968-4158

LONG BEACH, 90802-4304

300 OceanGate Street, Suite 200
Information & Assistance Unit (562) 590-5240

LOS ANGELES, 90013-1105

320 West 4th Street, 9th Floor
Information & Assistance Unit (213) 576-7389

MARINA DEL REY, CA 90292-6902

4720 Lincoln Boulevard, 2nd and 3rd floors
Information & Assistance Unit (310) 482-3858

OAKLAND, 94612-1499

1515 Clay Street, 6th Floor
Information & Assistance Unit (510) 622-2861

OXNARD, 93030-7912

1901 N. Rice Avenue, Suite 100
Information & Assistance Unit (805) 485-3528

POMONA, 91768-2653

732 Corporate Center Drive
Information & Assistance Unit (909) 623-8568

REDDING, 96001-2740

2115 Civic Center Drive, Suite 15
Information & Assistance Unit (530) 225-2047

RIVERSIDE, 92501-3337

3737 Main Street, Suite 300
Information & Assistance Unit (951) 782-4347

SACRAMENTO, 95834-2962

160 Promenade Circle Suite 300
Information & Assistance Unit (916) 928-3158

SALINAS, 93906-2204

1880 North Main Street, Suites 100 & 200
Information & Assistance (831) 443-3058

SAN BERNARDINO, 92401-1411

464 West Fourth Street, Suite 239
Information & Assistance Unit (909) 383-4522

SAN DIEGO, 92108-4424

7575 Metropolitan Drive, Suite 202
Information & Assistance Unit (619) 767-2082

SAN FRANCISCO, 94102-7002

455 Golden Gate Avenue, 2nd Floor
Information & Assistance Unit (415) 703-5020

SAN JOSE, 95113-1402

100 Paseo de San Antonio, Suite 241
Information & Assistance Unit (408) 277-1292

SAN LUIS OBISPO, 93401-8736

4740 Allene Way, Suite 100
Information & Assistance Unit (805) 596-4159

SANTA ANA, 92701-4070

605 W Santa Ana Boulevard, Bldg 28, Suite 451
Information & Assistance Unit (714) 558-4597

SANTA ROSA, 95404-4771

50 "D" Street, Suite 420
Information & Assistance Unit (707) 576-2452

STOCKTON, 95202-2314

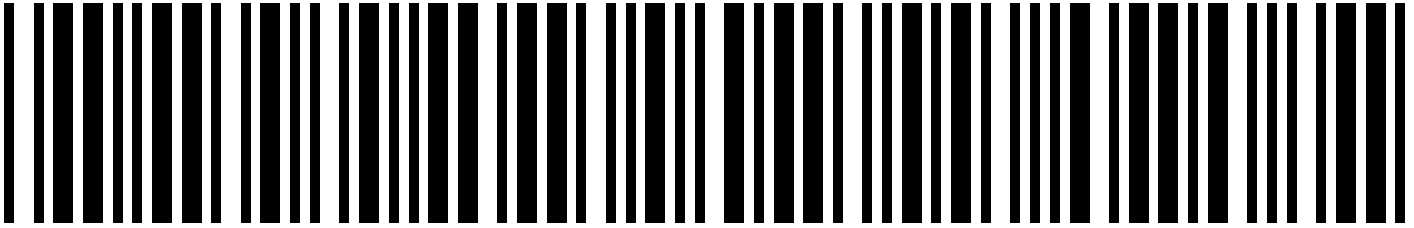
31 East Channel Street, Suite 344
Information & Assistance Unit (209) 948-7980

VAN NUYS, 91401-3370

6150 Van Nuys Boulevard, Suite 105
Information & Assistance Unit (818) 901-5374

DOCUMENT SEPARATOR SHEET

SAMPLE



Product Delivery Unit ADJ

Document Type LEGAL DOCS

Document Title DECLARATION OF READINESS TO PROCEED TO EXPEDITED HEARING

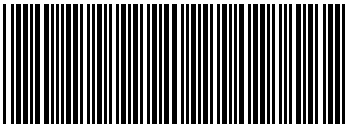
Document Date DATE YOU FILLED OUT THE FORM
MM/DD/YYYY

Author YOUR NAME

Office Use Only

Received Date _____
MM/DD/YYYY





**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)]**

SAMPLE



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.

EAMS CASE NUMBER

Case No. _____

Applicant

YOUR FIRST NAME

First Name _____ MI _____

YOUR LAST NAME

Last Name _____

VS

Employer Information

NAME OF THE COMPANY YOUR WERE WORKING FOR AT TIME OF INJURY

Employer Name (Please leave blank spaces between numbers, names or words) _____

COMPANY ADDRESS

Employer Street Address/PO Box (Please leave blank spaces between numbers, names or words) _____

COMPANY CITY

City _____ State _____ Zip Code _____

The Declarant requests that this case be set for expedited hearing and decision on the following issues:

- Entitlement to medical treatment per Labor Code section 4600.
- Entitlement to temporary disability, or disagreement on amount of temporary disability.
- Appeal from a determination of the Rehabilitation Unit finding entitlement to or terminating liability for rehabilitation services, or enforcement of an order of the Rehabilitation Unit.
- Entitlement to compensation is in dispute because of a disagreement between employers and/or carriers.

SELECT AT LEAST ONE

Declarant states under penalty of perjury that he or she has made the following specific, genuine, good faith efforts to resolve the dispute(s) listed above:

LIST EFFORTS YOU HAVE MADE TO RESOLVE THE DISPUTE



Declarant states under penalty of perjury that there is a bona fide dispute; that he/she is presently ready to proceed to hearing; that his/her discovery is complete on said issues.

SAMPLE

Declarant's Signature YOUR SIGNATURE

IF YOU DO NOT HAVE AN ATTORNEY, PRINT YOUR NAME

Name of declarant or name of the law firm of the declarant (Print or Type)

YOUR MAILING ADDRESS

Address (Please leave blank spaces between numbers, names or words)

YOUR PHONE

Phone Number

Date TODAY'S DATE

MM/DD/YYYY

Proof Of Service By Mail

I declare that:

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

PUT YOUR HOME ADDRESS HERE

On TODAY'S DATE, I served the attached NAME OF DOCUMENT on the INSURANCE COMPANY 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 CITY WHERE YOU MAILED THIS addressed as follows

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) TODAY'S DATE, at CITY California.

Type or print name PRINT YOUR NAME

Signature SIGN YOUR NAME

Proof Of Service By Mail

I declare that:

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

On _____, I served the attached _____ on the _____ 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

_____ addressed as follows _____

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) _____, at _____ California.

Type or print name _____

Signature _____