

FROM

Name: Chary Hallon
Phone: Fax: 18184594540
E-mail: challon@anthesis.global

TO

George Parisotto, Acting
5102860687
Division of Workers' Compensation

Sent: 5/17/17 at: 3:52:12 PM 5 page(s) (including cover)

Subject: Hearing Request

Comments:

Please find attached documentation supporting Mr. Fermin Iglesias' request for hearing.

Thank you in advance for your time and consideration,

Chary Hallon



Fermin Iglesias
P.O. Box 6819
Burbank, CA 91510

May 16, 2017

Hearing Request
Acting Administrative Director
Division of Workers' Compensation
1515 Clay Street, Suite 1800
Oakland, CA 94612



Re: Response to Notice of Provider Suspension – Workers' Compensation

Dear Mr. Parisotto,

Please let this letter serve as a formal request for a hearing, as provided for in your letter dated May 5, 2017. Also note, mentioned letter was picked up from the US Post Office on Thursday, May 11, 2017, and did not make it to my desk until Monday, May 15, 2017.

My position is that the statute does not apply to the alleged misconduct of mine, that my actions do not fall within the statutory mandates, and that any applicability of the statute that is deemed retroactive is unlawful and unconstitutional.

I look forward to receiving notice of the hearing at your earliest convenience. I would greatly appreciate having the meeting scheduled in Los Angeles County. Please also note, my most current mailing address is P.O. Box 6819 Burbank, CA 91510.

Respectfully,

A handwritten signature in black ink that reads "Fermin Alexander".

Fermin Iglesias
P.O. Box 6819
Burban, CA 91510

CC: Hearing Request

Legal Unit, Division of Workers' Compensation

1515 Clay Street, Suite 1800

Oakland, CA 94612

(510) 286-7100 Fax (510) 286-0687

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DATE & TIME	STATUS	LOCATION
May 13 2017, 8:10 AM	Delivered, To Agent	BURBANK, CA 91510

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DATE & TIME	STATUS	LOCATION
May 13 2017, 11:57 AM	Delivered, To Agent	BURBANK, CA 91510
May 13 2017, 10:37 AM	Delivered, To Agent	SANTA CLAYTON, CA 91503

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Proof Of Service By Mail

I declare that:

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

530 Commerce Avenue Ste D Palmdale, CA 93551

On May 17th, 2017, I served the attached Hearing Request for Provider Fermin Iglesias on the Notice of Provider Suspension - Workers' Compensation 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 Huntington Park addressed as follows:

Hearing Request

Acting Administrative Director

Division of Workers' Compensation

1515 Clay Street, Suite 1800

Oakland, CA 94612

Hearing Request

Legal Unit, Division of Workers' Compensation

1515 Clay Street, Suite 1800

Oakland, CA 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) 5/17/2017, at Palmdale, California.

Type or print name Chary Hallón

Signature

