

Ruben Martinez
38775 Cobblestone Circle
Murrieta, CA 92563

April 3, 2017

Acting Administrative Director &
Legal Unit Division of Workers' Compensation
1515 Clay Street, Suite 1800
Oakland, California 94612

Request for Hearing

Acting Administrative Director/Workers' Compensation Legal Unit:

Please let this serve as a formal request for hearing in response to the *Notice of Provider Suspension -Worker' Compensation* served on March 28, 2017. I do not contest my suspension of participation in the California workers' compensation system per Labor Code section 139.21(a)(1)(A). I am requesting a "special lien proceeding" to address the validity of the liens of Oasis Interpreting Services of which I have ownership interest, as per Labor Code section 139.21(e)(2) and Labor Code Sections 139.21 (f) through (i). Please let this serve as my declaration of readiness to meet my burden of proof that the billing and liens of Oasis Interpreting Services are in no way related to the conduct that brought upon the Notice of Provider Suspension.

Sincerely,


Ruben Martinez

Ruben Martinez
38775 Cobblestone Circle
Murrieta, CA 92563

April 3, 2017

Acting Administrative Director &
Legal Unit Division of Workers' Compensation
1515 Clay Street, Suite 1800
Oakland, California 94612

Request for Hearing

Acting Administrative Director/Workers' Compensation Legal Unit:

Please let this serve as a formal request for hearing in response to the *Notice of Provider Suspension -Worker' Compensation* served on March 28, 2017. I do not contest my suspension of participation in the California workers' compensation system per Labor Code section 139.21(a)(1)(A). I am requesting a "special lien proceeding" to address the validity of the liens of Oasis Interpreting Services of which I have ownership interest, as per Labor Code section 139.21(e)(2) and Labor Code Sections 139.21 (f) through (i). Please let this serve as my declaration of readiness to meet my burden of proof that the billing and liens of Oasis Interpreting Services are in no way related to the conduct that brought upon the Notice of Provider Suspension.

Sincerely,


Ruben Martinez

Proof of Service By Mail

I declare that:

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

38775 Cobblestone Circle
Murrieta, CA 92563

On April 3, 2017, I served the attached **Written Request for Hearing** on the Notice of Provider

Suspension served on March 28, 2017 in said case, by placing a true copy thereof enclosed in a sealed
envelope with postage thereon fully paid, in the United States mail at Murrieta Post Office addressed
as follows:

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

and

Hearing Request
Legal Unit Division of Workers' Compensation
1515 Clay Street, 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 April 3, 2017 at Riverside, California.

Name: Ruben Martinez

Signature: _____

