

**STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
WORKERS' COMPENSATION APPEALS BOARD**

V.	APPLICANT
DEFENDANT(S).	

CASE NO. _____

PRE-TRIAL CONFERENCE STATEMENT §5502 (d) (3)
☐ NOTICE OF HEARING

LOCATION: _____ DATE: _____ TIME: _____

SETTLEMENT CONFERENCE JUDGE: _____

APPEARANCES:

☐ INJURED WORKER: _____

☐ INJURED WORKER'S ATTORNEY _____

☐ ATTY ☐ HRG REP

(FIRM NAME AND PERSON APPEARING)

☐ DEFENDANT'S ATTORNEY _____

☐ ATTY ☐ HRG REP

☐ ATTY ☐ HRG REP

☐ ATTY ☐ HRG REP

☐ ATTY ☐ HRG REP

(FIRM NAME AND PERSON APPEARING)

(DEFENDANT)

☐ OTHERS APPEARING:
(L.C., INTERPRETERS, ETC.) _____

☐ ADDRESS RECORD CHANGES: _____

BOX BELOW TO BE COMPLETED ONLY BY WORKERS' COMPENSATION JUDGE

DISPOSITION: SET FOR REGULAR HEARING:

☐ WCAB NOTICE ☐ NOTICE WAIVED

☐ 1 HOUR ☐ 2 HOURS ☐ 1/2 DAY ☐ ALL DAY

☐ BEFORE ANY WCJ ☐ BEFORE WCJ _____ ☐ BEFORE ANY WCJ OTHER THAN _____

☐ CASE(S) SET ON _____ AT _____ WCJ _____ IN _____
(DATE) (TIME) (LOCATION)

☐ **OTHER DISPOSITION AND ORDERS:** _____

SERVICE AS ORDERED ON PAGE 4

**WORKERS' COMPENSATION
ADMINISTRATIVE LAW JUDGE**

STIPULATIONS

THE FOLLOWING FACTS ARE ADMITTED:

1. _____, BORN ____/____/____

WHILE ☐ EMPLOYED ☐ ALLEGEDLY EMPLOYED

☐ ON _____

☐ DURING THE PERIOD(S) _____

AS A(N) _____, OCCUPATIONAL GROUP NUMBER _____

AT _____, CALIFORNIA,

BY _____

☐ SUSTAINED INJURY ARISING OUT OF AND IN THE COURSE OF EMPLOYMENT TO _____

☐ CLAIMS TO HAVE SUSTAINED INJURY ARISING OUT OF AND IN THE COURSE OF EMPLOYMENT TO _____

2. AT THE TIME OF INJURY THE EMPLOYER'S WORKERS' COMPENSATION CARRIER WAS _____

☐ THE EMPLOYER WAS ☐ PERMISSIBLY SELF-INSURED ☐ UNINSURED ☐ LEGALLY UNINSURED

3. AT THE TIME OF INJURY, THE EMPLOYEE'S EARNINGS WERE \$ _____ PER WEEK, WARRANTING INDEMNITY RATES OF \$ _____ FOR TEMPORARY DISABILITY AND \$ _____ FOR PERMANENT DISABILITY.

4. THE CARRIER/EMPLOYER HAS PAID COMPENSATION AS FOLLOWS: (TD/PD/VRMA)

TYPE	WEEKLY RATE	PERIOD	TYPE	WEEKLY RATE	PERIOD
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

☐ THE EMPLOYEE HAS BEEN ADEQUATELY COMPENSATED FOR ALL PERIODS OF T/D CLAIMED THROUGH _____

5. THE EMPLOYER HAS FURNISHED ☐ ALL ☐ SOME ☐ NO MEDICAL TREATMENT.

THE PRIMARY TREATING PHYSICIAN IS _____

6. ☐ NO ATTORNEY FEES HAVE BEEN PAID AND NO ATTORNEY FEE ARRANGEMENTS HAVE BEEN MADE.

7. ☐ OTHER STIPULATIONS _____

APPLICANT

DEFENDANT

LIEN CLAIMANT/OTHER

PRE-TRIAL CONFERENCE STATEMENT

CASE NO. _____

ISSUES

- ☐ EMPLOYMENT _____
- ☐ INSURANCE COVERAGE _____
- ☐ INJURY ARISING OUT OF AND IN THE COURSE OF EMPLOYMENT _____
- ☐ PARTS OF BODY INJURED: _____
- ☐ EARNINGS: EMPLOYEE CLAIMS _____ PER WEEK, BASED ON _____
 EMPLOYER/CARRIER CLAIMS _____ PER WEEK, BASED ON _____
- ☐ TEMPORARY DISABILITY, EMPLOYEE CLAIMING THE FOLLOWING PERIOD(S): _____
- _____
- _____

- ☐ PERMANENT AND STATIONARY DATE:
 EMPLOYEE CLAIMS ____/____/____, BASED ON _____
 EMPLOYER/CARRIER CLAIMS ____/____/____, BASED ON _____
- ☐ PERMANENT DISABILITY ☐ APPORTIONMENT
- ☐ OCCUPATION AND GROUP NUMBER CLAIMED: BY EMPLOYEE _____
 BY EMPLOYER/CARRIER _____
- ☐ NEED FOR FURTHER MEDICAL TREATMENT _____
- ☐ LIABILITY FOR SELF-PROCURED MEDICAL TREATMENT _____
- _____

☐ LIENS:

<u>LIEN CLAIMANT</u>	<u>TYPE OF LIEN</u>	<u>AMOUNT AND PERIODS PAID</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- ☐ ATTORNEY FEES
- ☐ OTHER ISSUES: _____
- _____
- _____
- _____
- _____
- _____

 APPLICANT

 DEFENDANT

 LIEN CLAIMANT/OTHER

PRE-TRIAL CONFERENCE STATEMENT

CASE NO. _____

THIS PAGE FOR JUDGE'S USE ONLY

JUDGE'S CONFERENCE NOTES: _____

ORDERS

☐ **IT IS ORDERED** PURSUANT TO WCAB RULE 10500, THAT ☐ DEFENDANT ☐ APPLICANT ☐ LIEN CLAIMANT SERVE FORTHWITH THIS ☐ PRE-TRIAL CONFERENCE STATEMENT ☐ NOTICE OF HEARING ON ALL PARTIES OR THEIR REPRESENTATIVE SHOWN ON THE OFFICIAL ADDRESS RECORD AND ANY ADDITIONAL LIEN CLAIMANTS WHOSE LIENS ARE SHOWN UNDER **ISSUES** (PAGE 3).

☐ **IT IS FURTHER ORDERED** THAT ☐ DEFENDANT ☐ APPLICANT ☐ LIEN CLAIMANT SERVE TIMELY NOTICE OF THE TIME AND PLACE OF ALL REGULAR HEARING SESSIONS ON ALL LIEN CLAIMANTS WHOSE LIENS ARE SHOWN UNDER ISSUES, TOGETHER WITH THE FOLLOWING NOTICE: **YOUR LIEN IS AT ISSUE AND WILL BE ADJUDICATED AT REGULAR HEARING.**

IT IS FURTHER ORDERED THAT THE PROOF OF SERVICE ORDERED ABOVE BE FILED WITH THE WCAB **ONLY** ON REQUEST OF THE ASSIGNED WORKERS' COMPENSATION JUDGE.

OTHER DISPOSITION AND ORDERS

SERVICE OF THIS DOCUMENT WAS MADE PERSONALLY UPON _____ BY WCJ.

DATE ____/____/____

**WORKERS' COMPENSATION
ADMINISTRATIVE LAW JUDGE**

CASE NO. _____

☐ APPLICANT
☐ DEFENDANT
☐ LIEN CLAIMANT
☐ APPEALS BOARD

DATE _____

[illegible]

LIEN CLAIMANT/OTHER

DWC CA form 10253.1

1. APPLICANT, BORN _____, SUSTAINED OR CLAIMS INJURY AS FOLLOWS:

	(1)	(2)	(3)	(4)
CASE NO.				
DOI				
	CLAIMS ☐ ADMITTED ☐	CLAIMS ☐ ADMITTED ☐	CLAIMS ☐ ADMITTED ☐	CLAIMS ☐ ADMITTED ☐
BODY PARTS				
JOB TITLE(S) OCCUPATIONAL GROUP NO(S).				
EARNINGS & TD/PD RATES				
EMPLOYER				
CARRIER ADJUSTED BY				
WORK COMP SECURED BY	INSURED ☐ SELF-INSURED ☐ UNINSURED ☐	INSURED ☐ SELF-INSURED ☐ UNINSURED ☐	INSURED ☐ SELF-INSURED ☐ UNINSURED ☐	INSURED ☐ SELF-INSURED ☐ UNINSURED ☐
COVERAGE DATES				

2. THE CARRIER/EMPLOYER HAS PAID COMPENSATION AS FOLLOWS:

<u>TYPE</u>	<u>WEEKLY RATE</u>	<u>PERIOD</u>	<u>PAID BY</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. ☐ THE EMPLOYEE HAS BEEN ADEQUATELY COMPENSATED FOR ALL PERIODS OF TEMPORARY DISABILITY CLAIMED THROUGH _____.

4. THE EMPLOYER HAS FURNISHED ☐ ALL ☐ SOME ☐ NO MEDICAL TREATMENT.
THE PRIMARY TREATING PHYSICIAN IS _____.

5. ☐ NO ATTORNEY FEES HAVE BEEN PAID AND NO ATTORNEY FEE AGREEMENTS HAVE BEEN MADE.

6. ☐ OTHER STIPULATIONS: _____

