PRE-TRIAL CONFERENCE STATEMENT

	A	PPLICANT	CASE N	o. ADJ	
	V.	EFENDANT(S).		IAL CONFERENCE STATEM	ient §5502 (d) (3)
LO	CATION:	DATE:			
SE	TTLEMENT CONFERENCE JUDGE	:			
AP	PEARANCES				
	INJURED WORKER:				
	INJURED WORKER'S ATTORNE	Y:		DATTY DHRG REP	
	DEFENDANT'S ATTORNEY:	·	,		
	OTHERS APPEARING: (L.C., INTERPRETERS, ETC.)			(DEFENDANT)	DATTY DHRG RE
	ADDRESS RECORD CHANGES:				
		BOX BELOW TO BE COMPLETED ON	NLY BY WORKERS'	COMPENSATION JUDGE	
	1 HOUR 2 HOU BEFORE ANY WCJ	REGULAR HEARING: IRS I ½ DAY I ALL BEFORE WCJ	DAY D	WCAB NOTICE INO LIEN TRIAL ANY WCJ OTHER THAN	
	(DA ⁻	TE) (TIME)			(LOCATION)
		ATTY □HRG REP □ATTY □HR			

SERVICE AS ORDERED ON PAGE 4

WORKERS' COMPENSATION JUDGE

PRE-TRIAL CONFERENCE STATEMENT

CASE NO. _____

STIPULATIONS

	FOLLOWING FACTS ARE ADMITTED:				
	, BORN				
	DURING THE PERIOD(S)				
S	A(N), OCCUPATIONAL GROUP NUMBER				
Γ_	, CALIFORNIA,				
	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				
AT THE TIME OF INJURY THE EMPLOYER'S WORKERS' COMPENSATION CARRIER WAS					
	THE EMPLOYER WAS DERMISSIBLY SELF-INSURED UNINSURED LEGALLY UNINSURED				
	AT THE TIME OF INJURY, THE EMPLOYEE'S EARNINGS WERE \$ PER WEEK, WARRANTING INDEMNITY				
	RATES OF \$ FOR TEMPORARY DISABILITY AND \$ FOR PERMANENT DISABILITY.				
	THE CARRIER/EMPLOYER HAS PAID COMPENSATION AS FOLLOWS: (TD/PD/VRMA)				
ΥF	<u>E WEEKLY RATE PERIOD</u> <u>TYPE WEEKLY RATE PERIOD</u>				
	THE EMPLOYEE HAS BEEN ADEQUATELY COMPENSATED FOR ALL PERIODS OF T/D CLAIMED THROUGH				
	THE EMPLOYER HAS FURNISHED ALL SOME NO MEDICAL TREATMENT.				
	THE PRIMARY TREATING PHYSICIAN IS				
	□ NO ATTORNEY FEES HAVE BEEN PAID AND NO ATTORNEY FEE ARRANGEMENTS HAVE BEEN MADE.				
	OTHER STIPULATIONS				
	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 CLAIMI	NG THE FOLLOWING PERIOD(S):					
	PERMANENT AND STATIONARY DATE:						
	EMPLOYER/CARRIER CLAIMS	, BASED ON					
	PERMANENT DISABILITY						
	OCCUPATION AND GROUP NUMBER CLAIME	D: BY EMPLOYEE					
		BY EMPLOYER/CARRIER					
	NEED FOR FURTHER MEDICAL TREATMENT:						
	LIABILITY FOR SELF-PROCURED MEDICAL TR	REATMENT:					
	LIENS:						
LIE	EN CLAIMANT	TYPE OF LIEN	AMOUNT AND PERIODS PAID				
			<u> </u>				
	ATTORNEY FEES						
	OTHER ISSUES:						
. <u> </u>							
AF	PPLICANT	DEFENDANT	LIEN CLAIMANT/OTHER				

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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 D PRE-TRIAL CONFERENCE STATEMENT D 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 UPONBY WCJ.
DATE
DATE WORKERS' COMPENSATION JUDGE

PRE-TRIAL CONFERENCE STATEMENT CA		ASE NO	
	EXHIBITS		
APPLICANT DEFENDANT LIEN CLAIMANT APPEALS BOARD	DESCRIPTION	DATE	
	WITNESSES		
ABOVE LISTI	NGS OF EXHIBITS AND WITNESSES REVIEWED BY ALL PA	RTIES.	

APPLICANT

DEFENDANT

LIEN CLAIMANT/OTHER