

How to file a declaration of readiness to proceed

File a declaration of readiness to proceed (DOR) to request a conference at your local Workers' Compensation Appeals Board (WCAB) office.

A conference will be set only if you filed an application for adjudication of claim and a WCAB case number has been set up. If you don't have a WCAB case number, you will also need to file an application for adjudication of claim, which opens a WCAB case for you (see I&A guide 4).

Complete the form following the attached sample. Provide the specific information requested about how you tried to resolve the issues. This form can also be completed at

https://www.dir.ca.gov/dwc/FORMS/EAMS%20Forms/ADJ/DWCCAForm10250_1.pdf

When you file the DOR, you should also file all relevant medical reports and records, and all letters from the insurance company about the issues in dispute.

Send the original to your local WCAB office and copies 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*)
- ✓ Declaration of Readiness To Proceed
- ✓ Document Separator Sheet (*for Proof of Service By Mail*)
- ✓ Proof of Service By Mail

Keep copies of your filings for your records.

The WCAB will review the DOR. All parties will be notified by mail when a conference 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

https://www.dir.ca.gov/dwc/eams/SampleFiles/EAMS_OCR%20handbook.pdf.

Information & Assistance Unit guide 5

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 <https://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

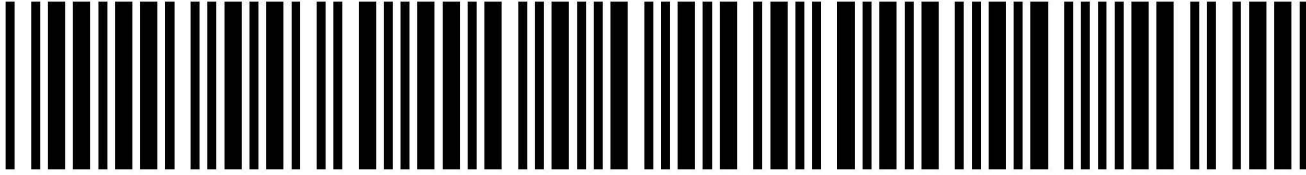
- **ANAHEIM, 92806-2131**
1065 North Link, Suite 170
Information & Assistance Unit **(714) 414-1801**
- **BAKERSFIELD, 93301-1929**
1800 30th Street, Suite 100
Information & Assistance Unit **(661) 395-2514**
- **FRESNO, 93721-2219**
2550 Mariposa Street, Suite 4078
Information & Assistance Unit **(559) 445-5355**
- **LODI, 95240-6936**
3021 Reynolds Ranch Parkway, Suite 130
Information & Assistance Unit **(209) 948-7759**
- **LONG BEACH, 90810-1870**
1500 Hughes Way, Suite C203
Information & Assistance Unit **(424) 450-2565**
- **LOS ANGELES, 90013-1105**
320 W 4th Street, 9th Floor
Information & Assistance Unit **(213) 576-7389**
- **MARINA DEL REY, 90292-6902**
4720 Lincoln Boulevard, 2nd and 3rd Floors
Information & Assistance Unit **(310) 482-3820**
- **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, 91768-1653**
732 Corporate Center Drive
Information & Assistance Unit **(909) 623-8568**
- **REDDING, 96002-0940**
250 Hemsted Drive, 2nd Floor, Suite B
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 N Main Street, Suites 100 & 200
Information & Assistance Unit **(831) 443-3058**
- **SAN BERNARDINO, 92401-1411**
464 W 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, 94102-7014**
455 Golden Gate Avenue, 2nd Floor
Information & Assistance Unit **(415) 703-5020**
- **SAN JOSE, 95110-3718**
224 Airport Parkway, Suite 600
Information & Assistance Unit **(408) 277-1292**
- **SAN LUIS OBISPO, 93401-8736**
4740 Allene Way, Suite 100
Information & Assistance Unit **(805) 596-4159**
- **SANTA ANA, 92707-7704**
2 MacArthur Place, Suite 600
Information & Assistance Unit **(714) 942-7576**
- **SANTA BARBARA, 93101-7538**
130 E Ortega Street
Information & Assistance Unit **(805) 568-1390**
- **SANTA ROSA, 95404-4771**
50 "D" Street, Suite 420
Information & Assistance Unit **(707) 576-2452**
- **VAN NUYS, 91401-3370**
6150 Van Nuys Boulevard, Suite 105
Information & Assistance Unit **(818) 901-5374**



STATE OF CALIFORNIA
DWC DISTRICT OFFICE

SAMPLE

DOCUMENT COVER SHEET



Is this a new case? Yes ☐ No ☐ Companion Cases Exist ☐ Walkthrough Yes ☐ No ☐

More than 15 Companion Cases ☐

TODAY'S DATE

Date:(MM/DD/YYYY)

SSN:

**YOUR SOCIAL
SECURITY NUMBER**

EAMS CASE NUMBER

Case Number 1

☐ Specific Injury

DATE OF INJURY

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

**IF NEW CASE
LEAVE BLANK**

Body Part 1:

**USE CODE FROM
BODY PART CODE LIST --
SEE PAGE 8**

Body Part 3:

Body Part 2:

Body Part 4:

Other Body Parts:

**WHEN MORE THAN 5 BODY PARTS USE BODY
PART NUMBER 700 IN THIS FIELD**

Please check unit to be filed on (check only one box)

☐ ADJ ☐ DEU ☐ SIF ☐ UEF ☐ SAU ☐ INT ☐ RSU

Companion Cases

☐ Specific Injury

Case Number 2

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1:

Body Part 3:

Body Part 2:

Body Part 4:

Other Body Parts:



District office codes for place of venue

| Legend Abbreviation | Office |
|---------------------|-----------------|
| AHM | Anaheim |
| ANA | Santa Ana |
| BAK | Bakersfield |
| FRE | Fresno |
| LAO | Los Angeles |
| LBO | Long Beach |
| LOD | Lodi |
| MDR | Marina del Rey |
| OAK | Oakland |
| OXN | Oxnard |
| POM | Pomona |
| RDG | Redding |
| RIV | Riverside |
| SAC | Sacramento |
| SAL | Salinas |
| SBA | Santa Barbara |
| SBR | San Bernardino |
| SDO | San Diego |
| SFO | San Francisco |
| SJO | San Jose |
| SLO | San Luis Obispo |
| SRO | Santa Rosa |
| VNO | Van Nuys |

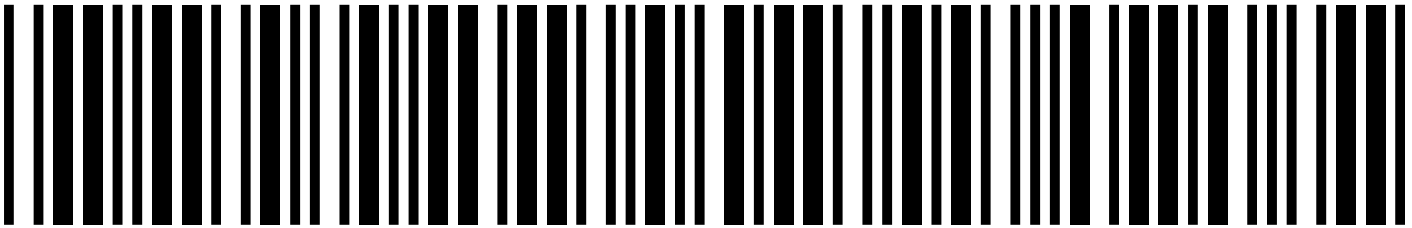
**Use this document to complete forms,
but do not file this document with your forms.**

BODY PART CODES LIST

| Code Number | Description |
|-------------|---|
| 100 | Head - not specified |
| 110 | Brain |
| 120 | Ear - not specified |
| 121 | Ear - external |
| 124 | Ear - internal including hearing |
| 130 | Eye - including optic nerves and vision |
| 140 | Face - not specified |
| 141 | Jaw - including chin and mandible |
| 144 | Mouth - including lips, tongue, throat and taste |
| 145 | Teeth |
| 146 | Nose - including nasal passages, sinus and smell |
| 148 | Face - multiple parts any combination of above parts |
| 149 | Face - forehead, cheeks, eyelids |
| 150 | Scalp |
| 160 | Skull |
| 198 | Head - multiple injury any combination of above parts |
| 200 | Neck |
| 300 | Upper extremities - not specified |
| 310 | Arm - above wrist not specified |
| 311 | Arm - upper arm humerus |
| 313 | Arm - elbow head of radius |
| 315 | Arm - forearm radius and ulna |
| 318 | Arm - multiple parts any combination of above parts |
| 319 | Arm - not specified |
| 320 | Wrist |
| 330 | Hand - not wrist or fingers |
| 340 | Fingers |
| 398 | Upper extremities - multiple parts any combination of above parts |
| 400 | Trunk - not specified |
| 410 | Abdomen - including internal organs and groin |
| 411 | Hernia |
| 420 | Back - including back muscles, spine and spinal cord |
| 430 | Chest - including ribs, breast bone and internal organs of the chest |
| 440 | Hips - including pelvis, pelvic organs, tailbone, coccyx and buttocks |
| 450 | Shoulders - scapula and clavicle |
| 498 | Trunk - use for side; multiple parts any combination of above parts |

| Code Number | Description |
|-------------|---|
| 500 | Lower extremities - not specified |
| 510 | Legs - above ankles, not specified |
| 511 | Thigh femur |
| 513 | Knee Patella |
| 515 | Lower leg tibia and fibula |
| 518 | Leg - multiple parts any combination of above parts |
| 519 | Leg - not specified |
| 520 | Ankle malleolus |
| 530 | Foot not ankle or toe |
| 540 | Toes |
| 598 | Lower extremities - multiple parts any combination of above parts |
| 700 | Multiple parts more than five major parts use only in fifth position of listing of body parts |
| 800 | Body system - not specific |
| 801 | Circulatory system - heart - other than heart attack, blood, arteries, veins, etc. |
| 802 | Circulatory system - Heart attack |
| 810 | Digestive system - stomach |
| 820 | Excretory system - kidneys, bladder, intestines, etc. |
| 830 | Musculo-skeletal system - bones, joints, tendons, muscles, etc. |
| 840 | Nervous system - not specified |
| 841 | Nervous system - Stress |
| 842 | Nervous system - Psychiatric/psych |
| 850 | Respiratory system - lungs, trachea, etc. |
| 860 | Skin dermatitis, etc. |
| 870 | Reproductive systems |
| 880 | Other body systems |
| 900 | COVID-19 |
| 999 | Unclassified - insufficient information to identify body parts |

DOCUMENT SEPARATOR SHEET



Product Delivery Unit

ADJ

Document Type

LEGAL DOCS

Document Title

DECLARATION OF READINESS TO PROCEED

Document Date

DATE YOU FILLED OUT THE FORM

MM/DD/YYYY

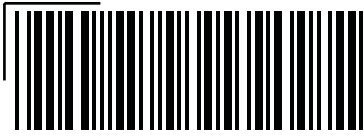
Author

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

SAMPLE

EAMS CASE NUMBER

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.

Case No.

Applicant

YOUR FIRST NAME

First Name

MI

YOUR LAST NAME

Last Name

VS

Employer Information

NAME OF COMPANY YOU 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

Declarants: Please designate your role (Please Select Only One)

☐ Employee

☒ Applicant

☐ Defendant

☐ Lien Claimant

Declarant requests: (Please Select Only One)

☐ Mandatory Settlement Conference

☐ Status Conference

☐ Rating MSC*

☐ Priority Conference

☐ Lien Conference

SELECT THE TYPE OF HEARING YOU WANT (SEE PAGE 3, INSTRUCTION SHEET FOR DEFINITIONS)

At the present time the principal issues are: (Check all that apply)

☐ Compensation Rate

☐ Rehabilitation/SJDB

☐ Temporary Disability

☐ Self-Procured Medical Treatment

☐ Permanent Disability

☐ Future Medical Treatment

☐ AOE/COE

☐ Discovery

☐ Employment

☐ Other

Declarant relies on the report(s) of:

Doctors (s)

NAME OF THE DOCTOR'S REPORT YOU ARE USING

date

DATE OF REPORT

MM/DD/YYYY

*For a Rating MSC, all ratable medical reports, including treating physician, QME and AME reports, must be filed with this Declaration of Readiness, unless they have been previously filed. A Rating MSC will be set only where the issues are limited to permanent disability and the need for future medical treatment.

Declarant states under penalty perjury that he or she is presently ready to proceed to hearing on the issues below and has made the following specific, genuine, good faith efforts to resolve the dispute(s) listed below:

LIST THE EFFORTS YOU HAVE MADE TO RESOLVE THE DISUPUTE

Unless a status or priority conference is requested, I have completed discovery on the issues listed above, and that all medical reports in my possession or control have been filed and served as required by the rules promulgated by the Court Administrator.

Copies of this Declaration have been served this date as shown on the attached proof of service.

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

INSTRUCTIONS

1. This Declaration must be completed and filed before any case will be set for hearing at the request of any party. A party may request a mandatory settlement conference hearing, status conference hearing, rating mandatory settlement conference hearing, priority conference hearing or a lien conference.

A mandatory settlement conference is held to assist the parties in resolving the dispute. If the dispute cannot be resolved at that time, the parties should be ready to frame issues, record stipulations, list exhibits, and list the witnesses who will testify at trial. A trial is set only at the discretion of the judge and is set for the purpose of receiving evidence.

A rating mandatory settlement conference is a mandatory settlement conference but ratings of the medical reports will be available at the time of the conference.

A status conference is not a mandatory settlement conference but a proceeding for which judicial attention is required. It can include, but is not limited to, a conference in a complicated case in which discovery is not complete and the parties need the judge's guidance.

A priority conference is a conference held under Labor Code section 5502(c) in which the injured worker is represented **by an attorney and the issues include employment and/or injury arising out of and in the course of employment.**

A lien conference is a proceeding for which judicial attention is required to resolve disputes on liens. If the dispute cannot be resolved at that time, the parties should be ready to frame issues, record stipulations, list exhibits, and list the witnesses who will testify at trial.

2. A lien claimant may file a declaration of readiness to proceed only after the underlying case has been resolved or where the applicant chooses not to proceed with his or her case. (Labor Code § 4903.6 (b).) A declaration of readiness filed by a lien claimant shall be accompanied by the verification required by section 10770.6 of title 8 of the California Code of Regulation. The failure to attach the verification or an incorrect verification may be a basis for sanctions.

3. Unless notified otherwise, no witness other than the applicant need attend conference hearings. **Claims adjusters and lien claimants must be present or available by telephone.**

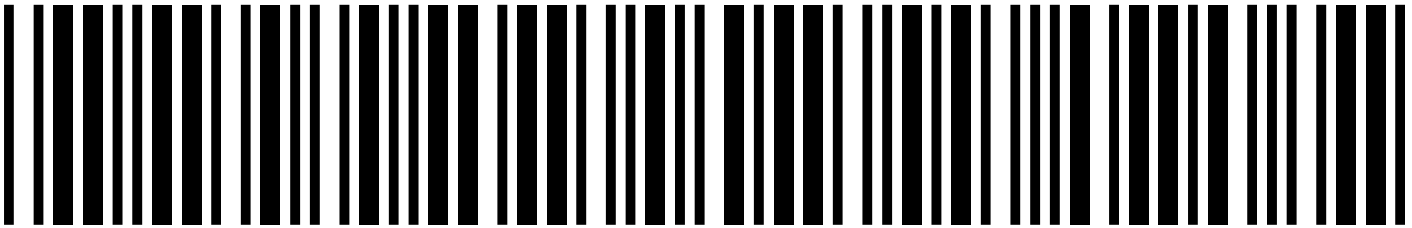
4. The party requiring an interpreter must arrange for the presence of an interpreter, except that the defendant(s) must arrange for the presence of the interpreter if the injured worker is not represented by an attorney.

5. Continuances are not favored and none will be granted after the filing of this Declaration without a clear and timely showing of good cause.

6. The Workers' Compensation Appeals Board favors the presentation of medical evidence in the form of written reports.

Workers' Compensation Information and Assistance - 1 (800) 736-7401

DOCUMENT SEPARATOR SHEET



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LEGAL DOCS

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PROOF OF SERVICE

Document Date

DATE YOU FILLED OUT THE FORM

MM/DD/YYYY

Author

YOUR NAME

Office Use Only

Received Date

MM/DD/YYYY

SAMPLE

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 parties listed below 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:

- 1) WORKERS' COMPENSATION APPEALS BOARD: ADDRESS
- 2) INSURANCE COMPANY: NAME, ADDRESS AND CLAIM NUMBER
- 3) DEFENSE ATTORNEY (IF KNOWN): NAME AND ADDRESS
- 4) ALL OTHER PARTIES INVOLVED IN YOUR CASE: NAME AND ADDRESS

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