How to file a petition for change of venue

This petition is used to change the Workers’ Compensation Appeal Board district office that will handle your case.

This request for a new district office (change of venue) shall be granted for good cause, thus the reason(s) for the move should be specified on the form. The petition shall be filed at the district office that is currently handling your case.

A petition for change of venue can only be filed after a case has been established with the Workers’ Compensation Appeals Board (WCAB). When you are ready to have a WCAB hearing, you must also file a declaration of readiness to proceed (see I&A guide 5).

A Petition for Change of Venue is attached for your convenience.

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 Petition for Change of venue)
- Petition for Change of Venue
- Verification
- Document Separator Sheet (for Proof Of Service By Mail)
- Proof Of Service By Mail

Keep copies of your filings for your records.

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

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 claims administrator to complete a form, please link to [http://www.dir.ca.gov/DWC/EAMS/EAMS-LC/EAMSClaimsAdmins.asp](http://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.
<table>
<thead>
<tr>
<th>District Office</th>
<th>Address</th>
<th>Phone</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANAHEIM, 92806-2131</td>
<td>1065 N Pacific Center Drive, Suite 170</td>
<td>(714) 414-1801</td>
<td></td>
</tr>
<tr>
<td>BAKERSFIELD, 93301-1929</td>
<td>1800 30th Street, Suite 100</td>
<td>(661) 395-2514</td>
<td></td>
</tr>
<tr>
<td>EUREKA, 95501-0529 * Satellite office *</td>
<td>409 &quot;K&quot; Street, Room 201</td>
<td>(707) 441-5723</td>
<td></td>
</tr>
<tr>
<td>FRESNO, 93721-2219</td>
<td>2550 Mariposa Street, Suite 4078</td>
<td>(559) 445-5355</td>
<td></td>
</tr>
<tr>
<td>LONG BEACH, 90802-4339</td>
<td>300 Oceangate Street, Suite 200</td>
<td>(562) 590-5240</td>
<td></td>
</tr>
<tr>
<td>LOS ANGELES, 90013-1105</td>
<td>320 W 4th Street, 9th Floor</td>
<td>(213) 576-7389</td>
<td></td>
</tr>
<tr>
<td>MARINA DEL REY, 90292-6902</td>
<td>4720 Lincoln Boulevard, 2nd and 3rd floors</td>
<td>(310) 482-3820</td>
<td></td>
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<tr>
<td>OAKLAND, 94612-1499</td>
<td>1515 Clay Street, 6th Floor</td>
<td>(510) 622-2861</td>
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<tr>
<td>OXNARD, 93030-7912</td>
<td>1901 N Rice Avenue, Suite 100</td>
<td>(805) 485-3528</td>
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<tr>
<td>POMONA, 91768-1653</td>
<td>732 Corporate Center Drive</td>
<td>(909) 623-8568</td>
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<tr>
<td>RIVERSIDE, 92501-3337</td>
<td>3737 Main Street, Suite 300</td>
<td>(951) 782-4347</td>
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<tr>
<td>SACRAMENTO, 95834-2962</td>
<td>160 Promenade Circle, Suite 300</td>
<td>(916) 928-3158</td>
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<tr>
<td>SALINAS, 93906-2204</td>
<td>1880 N Main Street, Suites 100 &amp; 200</td>
<td>(831) 443-3058</td>
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<tr>
<td>SAN BERNARDINO, 92401-1411</td>
<td>464 W Fourth Street, Suite 239</td>
<td>(909) 383-4522</td>
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<tr>
<td>SAN DIEGO, 92108-4424</td>
<td>7575 Metropolitan Drive, Suite 202</td>
<td>(619) 767-2082</td>
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<tr>
<td>SAN FRANCISCO, 94102-7014</td>
<td>455 Golden Gate Avenue, 2nd Floor</td>
<td>(415) 703-5020</td>
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<tr>
<td>SAN JOSE, 95113-1402</td>
<td>100 Paseo de San Antonio, Suite 241</td>
<td>(408) 277-1292</td>
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<tr>
<td>SAN LUIS OBISPO, 93401-8736</td>
<td>4740 Allene Way, Suite 100</td>
<td>(805) 596-4159</td>
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<tr>
<td>SANTA ANA, 92707-7704</td>
<td>2 MacArthur Place, Suite 600</td>
<td>(714) 942-7576</td>
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<tr>
<td>SANTA BARBARA, 93101-7538 * Satellite office *</td>
<td>130 E Ortega Street</td>
<td>(805) 568-1390</td>
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<tr>
<td>SANTA ROSA, 95404-4771</td>
<td>50 “D” Street, Suite 420</td>
<td>(707) 576-2452</td>
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<tr>
<td>STOCKTON, 95202-2314</td>
<td>31 E Channel Street, Suite 344</td>
<td>(209) 948-7980</td>
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<tr>
<td>VAN NUYS, 91401-3370</td>
<td>6150 Van Nuys Boulevard, Suite 105</td>
<td>(818) 901-5374</td>
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Rev. 05/19
STATE OF CALIFORNIA
DWC DISTRICT OFFICE
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) ____________________________

YOUR SOCIAL SECURITY NUMBER ________________

EAMS CASE NUMBER
Case Number 1 ☐ Specific Injury DATE OF 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 2: ____________________________ Body Part 4: ____________________________

Other Body Parts: ____________________________

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 2: ____________________________ Body Part 4: ____________________________

Other Body Parts: ____________________________

WHEN MORE THAN 5 BODY PARTS USE BODY PART NUMBER 700 IN THIS FIELD
## District office codes for place of venue

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<td></td>
<td>SBA</td>
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<td>Van Nuys</td>
</tr>
</tbody>
</table>

*Eureka is a satellite office of Santa Rosa district office. **Santa Barbara is a satellite office of the Oxnard district office.

Use this document to complete forms, but do not file this document with your forms.
Body Part Code List

The body part codes listed below are used to complete forms that require the listing of the part of the body that is in issue. Please do not file this document with your forms.

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
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
999 Unclassified - insufficient information to identify body parts

Use this document to complete forms, but do not file this document with your forms.
<table>
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<tr>
<td>Document Title</td>
<td>PETITION FOR CHANGE OF VENUE</td>
</tr>
<tr>
<td>Document Date</td>
<td>DATE YOU FILLED OUT THE FORM</td>
</tr>
<tr>
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<td>MM/DD/YYYY</td>
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<tr>
<td>Author</td>
<td>YOUR NAME</td>
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**Office Use Only**

<table>
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<th>Received Date</th>
<th>MM/DD/YYYY</th>
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</thead>
</table>
STATE OF CALIFORNIA
WORKERS’ COMPENSATION APPEALS BOARD

__________________________________________

your name

Applicant,

vs.

your employer

Defendants.

WCAB #: EAMS/WCAB

PETITION FOR
CHANGE OF VENUE

Petitioner requests that the venue in this matter be changed to __________________________.

(location)

The request of change of venue is based on:

__________________________________________

your signature

______________________________

date mailed
STATE OF CALIFORNIA

County of ________________________________

I, the undersigned, say that I am ________________________________, a party
to this action. I have read the foregoing Petition for Change of Venue and know the
contents thereof, and that the same is true of my own knowledge, except as to the matters
which are therein stated upon my information or belief, and as to those matters that I believe
to be true.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____________________ at ____________________________, California.

________________________________________
Petitioner
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 [TODAY'S DATE], at [CITY], California.

Type or print name: [PRINT YOUR NAME]
Signature: [SIGN YOUR NAME]