

STATE OF CALIFORNIA
WORKERS' COMPENSATION APPEALS BOARD

Applicant, _____
v.
Defendants, _____

CASE NO(s): _____
MINUTES OF HEARING/ORDER/ORDER AND
DECISION ON REQUEST FOR CONTINUANCE/
ORDER TAKING OFF CALENDAR/
NOTICE OF HEARING
 BEFORE TRIAL STATUS CONF LIEN CONF
 AT MSC EXP HEARING WALK-THRU
DATE OF HEARING 1/3/18 REQUEST _____

APPEARANCES: APPLICANT PRESENT NOT PRESENT
APPLICANT REPRESENTED BY _____ Tel# _____ ATTORNEY HEARING REP
DEFENDANT REPRESENTED BY Dietz Gilmar by Jeff Hammill Tel# _____ ATTORNEY HEARING REP
OTHERS APPEARING _____ Tel# _____ ATTORNEY HEARING REP
SHEETS

INTERPRETER _____ CERTIFICATION NO. _____
PARTY MAKING REQUEST JOINT APPLICANT DEFENDANT LIEN CLAIMANT
REQUEST FOR: CONTINUANCE MOTOC REQUEST BY: LETTER TELEPHONE
POSITION OF OPPOSING PARTY AGREE OPPOSE UNREACHABLE UNKNOWN

REASON FOR REQUEST

BOARD REASON

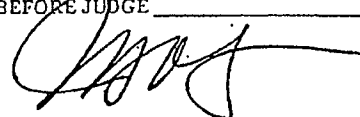
- | | |
|---|--|
| <input type="checkbox"/> DISCOVERY: <input type="checkbox"/> APP MED <input type="checkbox"/> DEF MED <input type="checkbox"/> AME/PQME <input type="checkbox"/> DEPO | <input type="checkbox"/> INSUFFICIENT TIME <input type="checkbox"/> TO START <input type="checkbox"/> TO FINISH |
| <input type="checkbox"/> CALENDAR CONFLICT: <input type="checkbox"/> APPLICANT <input type="checkbox"/> DEFENSE <input type="checkbox"/> L.C. | <input type="checkbox"/> REASSIGNMENT: <input type="checkbox"/> REFUSED <input type="checkbox"/> NOT AVAILABLE |
| <input type="checkbox"/> SETTLEMENT PENDING | <input type="checkbox"/> REPORTER <input type="checkbox"/> INTERPRETER <input type="checkbox"/> NOT AVAILABLE |
| <input type="checkbox"/> IMPROPER/INSUFFICIENT NOTICE BY PARTY | <input type="checkbox"/> WCJ NOT AVAILABLE <input type="checkbox"/> RECUSAL |
| <input type="checkbox"/> IMPROPER DECLARATION OF READINESS/VALID OBJECTION | <input type="checkbox"/> UEBTF ISSUES <input type="checkbox"/> SERVICE DEFECTIVE <input type="checkbox"/> BANKRUPTCY |
| <input type="checkbox"/> NON-APPEARANCE <input type="checkbox"/> APP <input type="checkbox"/> DEF <input type="checkbox"/> LIEN CLAIMANT <input type="checkbox"/> WITNESS | <input type="checkbox"/> DEFECTIVE WCAB NOTICE <input type="checkbox"/> ARBITRATION |
| <input type="checkbox"/> APPLICANT <input type="checkbox"/> DEF COUNSEL <input type="checkbox"/> VACATION <input type="checkbox"/> ILLNESS | OTHER/COMMENTS: _____ |
| <input type="checkbox"/> UNAVAILABILITY OF WITNESSES <input type="checkbox"/> APP <input type="checkbox"/> DEFENSE | <u>MED WITHDRAWN LIEN</u> |
| <input type="checkbox"/> DISPUTE RESOLVED BY AGREEMENT <input checked="" type="checkbox"/> NO ISSUES PENDING | <u>By</u> _____ <u>1/3/18</u> |
| <input type="checkbox"/> JOINDER <input type="checkbox"/> CONSOLIDATION <input type="checkbox"/> VENUE <input type="checkbox"/> NEW APPLICATION | <u>Per</u> _____ <u>at</u> _____ |
| <input type="checkbox"/> AUTO REASSIGN <input type="checkbox"/> DISQUALIFY <input type="checkbox"/> APP <input type="checkbox"/> DEFENDANT | <u>Services lien was</u> |
| <input type="checkbox"/> APPLICANT NOW REPRESENTED <input type="checkbox"/> REQUESTS REPRESENTATION | <u>withdrawn on 7/28/2017</u> |
| <input type="checkbox"/> CHANGE OF CIRCUMSTANCES | <u>withdraw their lien</u> |

GOOD CAUSE APPEARING, IT IS ORDERED THAT THE REQUEST FOR MOTOC IS GRANTED DENIED

- MOTOC C&R / STIPS SUBMITTED FOR APPROVAL C&R / STIPS APPROVED
 LIEN STIPS AND ORDER ISSUED N.O.I. TO DISMISS LIEN ISSUED

SET FOR: MSC LIEN / STATUS CONF TRIAL LIEN TRIAL CONT'D TESTIMONY TIME: 2 HRS 4 HRS DAY
SET ON _____ AT _____ LOCATION _____ BEFORE JUDGE _____

SUPPLEMENTAL PAGES ATTACHED _____ PAGES
DATE 1/3/18


MARCO FAMILIETTI
WORKERS' COMPENSATION ADMINISTRATIVE LAW JUDGE

NOTICE TO: DEF/APP/L.C. Pursuant to Rule 10500 you are designated to serve this/these document(s) on all parties as shown on the Official Address Record. Personal service on designated server by WCJ on above date.