

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

ELAYNE VALDEZ
 APPLICANT
 V. Leigh Ann Ruijters, ESIS
 (Warehouse Demo Services)
 DEFENDANT(S).

CASE NO. ADJ 7048296

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

LOCATION: LBO DATE: 4/27/10 TIME: 8:30

SETTLEMENT CONFERENCE JUDGE: QUIEL

APPEARANCES:

INJURED WORKER: Elayne Valdez John Mendoza
 INJURED WORKER'S ATTORNEY: Jennita Evans John Mendoza ATTY HRG REP

(FIRM NAME AND PERSON APPEARING)

DEFENDANT'S ATTORNEY: The Law Office of Jeff Saevel ATTY HRG REP
by Jody Downey ATTY HRG REP

 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

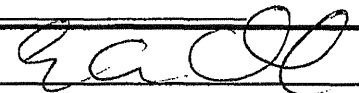
BEFORE ANY WCJ BEFORE WCJ BEFORE ANY WCJ OTHER THAN _____

CASE(S) SET ON 7-22-10 AT 8:30 WCJ Ringwalt IN UBS
 (DATE) (TIME) (LOCATION)

OTHER DISPOSITION AND ORDERS: _____

SERVICE AS ORDERED ON PAGE 4

APR 27 2010


 CYNTHIA A. QUIEL
 WORKERS' COMPENSATION
 ADMINISTRATIVE LAW JUDGE

00000072

STIPULATIONS

THE FOLLOWING FACTS ARE ADMITTED:

1. ELAYNE SALOZ, BORN 2/3/1948

WHILE EMPLOYED ALLEGEDLY EMPLOYED

ON 10/7/09

DURING THE PERIOD(S) _____

AS A(N) PRODUCT DEMONSTRATOR, OCCUPATIONAL GROUP NUMBER 214

AT _____, CALIFORNIA;

BY WAREHOUSE Demo SERVICES.

SUSTAINED INJURY ARISING OUT OF AND IN THE COURSE OF EMPLOYMENT TO:

BACK, RIGHT HIP, NECK

CLAIMS TO HAVE SUSTAINED INJURY ARISING OUT OF AND IN THE COURSE OF EMPLOYMENT TO Right ankle, Right Foot, Right Knee, Right lower extremity, lumbar spine, Left knee

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 \$ 265.13 PER WEEK, WARRANTING INDEMNITY RATES OF \$ 176.75 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
<u>TD</u>	<u>176.75</u>	<u>10/9/09 - 10/19/09</u>	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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 ONLY ISSUE: TD APPLICANTS FAILURE to treat within the MDN.

[Signature]
APPLICANT

[Signature]
DEFENDANT

LIEN CLAIMANT/OTHER

PRE-TRIAL CONFERENCE STATEMENT

CASE NO. ADJ 7048296

ISSUES

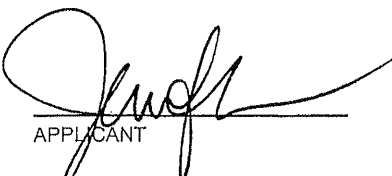
- EMPLOYMENT _____
- INSURANCE COVERAGE _____
- INJURY ARISING OUT OF AND IN THE COURSE OF EMPLOYMENT _____
- PARTS OF BODY INJURED: _____
- EARNINGS: EMPLOYEE CLAIMS _____ PER WEEK, BASED ON _____
EMPLOYER/CARRIER CLAIMS _____ PER WEEK, BASED ON _____
- TEMPORARY DISABILITY, EMPLOYEE CLAIMING THE FOLLOWING PERIOD(S): 10/7/09 & Continuing
- 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:

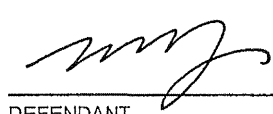
LIEN CLAIMANT	TYPE OF LIEN	AMOUNT AND PERIODS PAID

ATTORNEY FEES

OTHER ISSUES: APPLICANT IS CURRENTLY NOT TREATING w/ in the MPN. ; Bruce Knight case, LC 3550, CCR 9767.12(a)



APPLICANT



DEFENDANT

LIEN CLAIMANT/OTHER

PRE-TRIAL CONFERENCE STATEMENT

CASE NO. ADJ 7048296

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 Def's BY WCJ.

DATE APR 27 2010 Gaill

WORKERS' COMPENSATION
ADMINISTRATIVE LAW JUDGE

EXHIBITS

- APPLICANT
- DEFENDANT
- LIEN CLAIMANT
- APPEALS BOARD


DESCRIPTION

DATE

1.) records/reports INDUSTRIAL CLINIC : DR. NAGAMOTO (LONG BEACH MEMORIAL)	VARIOUS
2.) objection to TREATMENT RE: DR. NABIO (FAILURE TO treat w/in the MDR)	12/16/09 12/16
3.) employment RECORDS / Notice of MDR	VARIOUS.

WITNESSES

ABOVE LISTINGS OF EXHIBITS AND WITNESSES REVIEWED BY ALL PARTIES.


APPLICANT


DEFENDANT

LIEN CLAIMANT/OTHER

EXHIBITS

- APPLICANT
- DEFENDANT
- LIEN CLAIMANT
- APPEALS BOARD

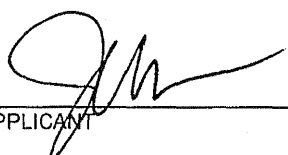
DESCRIPTION

DATE

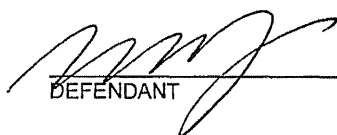
DESCRIPTION	DATE
<u>SEE APPLICANT'S EXHIBITS ATTACHED</u>	

APPLICANT	WITNESSES	DEFENDANT
<i>Applicant</i>		

ABOVE LISTING OF EXHIBITS AND WITNESSES REVIEWED BY ALL PARTIES.



 APPLICANT



 DEFENDANT

LIEN CLAIMANT/OTHER

