



**STATE OF CALIFORNIA
DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD**

DECLARATION OF READINESS TO PROCEED

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

First Name

MI

Last Name

VS

Employer Information

Employer Name (Please leave blank spaces between numbers, names or words)

Employer Street Address/PO Box (Please leave blank spaces between numbers, names or words)

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

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

- Compensation Rate Rehabilitation/SJDB Temporary Disability Self-procured Treatment
 Permanent Disability Future Medical Treatment AOE/COE Discovery
 Employment Other _____

Declarant relies on the report(s) of:

Doctor(s) _____ dated _____
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 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:

Unless a status or priority conference is requested, I have completed discovery on the issues listed above, and all medical reports in my possession or control have been filed and served as required by WCAB Rules of Practice and Procedure.

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

Declarant's Signature _____

Name and Law Firm (Print or Type) _____

Address (Please leave blank spaces between numbers, names or words) _____

Phone Number _____

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, or a priority conference hearing.
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 lien conference or 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.
2. 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.**
3. 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.
4. Continuances are not favored and none will be granted after the filing of this Declaration without a clear and timely showing of good cause.
5. The Workers' Compensation Appeals Board favors the presentation of medical evidence in the form of written reports.
6. The WCJ, upon the receipt of the Declaration of Readiness, may set the case for a type of proceeding other than the one requested (Section 10417).

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