



**STATE OF CALIFORNIA  
DIVISION OF WORKERS' COMPENSATION  
WORKERS' COMPENSATION APPEALS BOARD  
DECLARATION OF READINESS  
TO PROCEED TO EXPEDITED HEARING (TRIAL)  
[Labor Code section 5502(b) ]**



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 \_\_\_\_\_

The Declarant requests that this case be set for expedited hearing and decision on the following issues:

- Entitlement to medical treatment per Labor Code § 4600, except issues determined pursuant to Labor Code §§ 4610 and 4610.5.
- Entitlement to temporary disability, or disagreement on amount of temporary disability.
- Whether there is a properly established MPN in which the employee may obtain treatment. (If requested, this will be the only issue heard at the hearing.) See Labor Code §§ 4603.2(a)(3); 5502(b)(B).
- Entitlement to compensation is in dispute because of a disagreement between employers and/or carriers.

Declarant states under penalty of perjury that he or she has made the following specific, genuine, good faith efforts to resolve the dispute(s) listed above:



Declarant states under penalty of perjury that there is a bona fide dispute; that he/she is presently ready to proceed to hearing; that his/her discovery is complete on said issues.

Declarant's Signature \_\_\_\_\_

\_\_\_\_\_  
Name of declarant or name of the law firm of the declarant (Print or Type)

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

\_\_\_\_\_  
Phone Number

Date \_\_\_\_\_  
MM/DD/YYYY