

**STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION**

MINUTES OF HEARING

Case No. _____

Date of Hearing (MM/DD/YYYY) _____

Hearing Information

Before AT Trial Conf MSC EXP. HEARING Lien

Request Date (MM/DD/YYYY) _____

Applicant

First Name _____

MI _____

Last Name _____

VS

Defendants

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

Appearances

Applicant Present Not Present Attorney Hearing Rep

Applicant Represented By _____

Defendant Represented By _____

Others Appearing _____

Interpreter _____ Cert. No. _____

Party Making Request

Joint Applicant Defendant Other _____

Request For: Continuance OTOC Request By: Letter Telephone

Position of Opposing Party

Agree Oppose Unreachable Unknown

Reason For Request

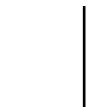
- Applicant: Illness Applicant Now Represented Applicant Requests Representation
- Applicant: Vacation Calendar Conflict: Applicant Calendar Conflict: Defense
- Calendar Conflict: Lien Claimant Change of Circumstances Consolidation Defense: Illness
- Defense: Vacation Dispute Resolved by Agreement Further Discovery: App Med
- Further Discovery: Def Med Further Discovery: AME Further Discovery: Depo
- Improper/Insufficient Notice by Party Joinder New Application No Issues Pending
- Non Appearance: Applicant Non Appearance: Defense Non Appearance: Lien Claimant
- Non Appearance: Witness Settlement Pending Unavailability of Witnesses: Applicant
- Unavailability of Witnesses: Defense Venue

Board Reason

- Arbitration Bankruptcy Pending Defective Notice Insufficient Time to Start
- Insufficient Time to Finish Interpreter Not Available Recusal Reporter Not Available
- Service Defective UEF Issues WCJ Not Available
- Other/Comments

Good Cause Appearing, It is Ordered That the Request For

- Continuance Granted Continuance Denied OTOC Granted OTOC Denied
- _____ Days For C&R STIPS OTOC



Decision

- OTOC C&R / STIPS Submitted for Approval C&R / STIPS Approved
- LIEN STIPS and ORDER Approved N.O.I. to Allow/Disallow Issued
- MSC CONF TRIAL LIEN TRIAL CONTD TESTIMONY



Set On _____ At _____
 MM/DD/YYYY

Location _____

Before Judge _____

Supplemental Pages Attached _____ Pages

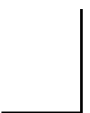
Date - MM/DD/YYYY

WORKERS' COMPENSATION ADMINISTRATIVE LAW JUDGE

Notice To _____

Pursuant to Rule 10500 you are designated to serve this/these document(s) on all parties.

Served on parties and lien claimants present



SUPPLEMENT TO MINUTES OF HEARING/ORDER/ORDER AND DECISION ON REQUEST FOR CONTINUANCE/ORDER TAKING OFF CALENDAR / NOTICE OF HEARING



HEARING DATE _____
MM/DD/YYYY



Comment/Discussion/Motion

Order(s)

Served with the Minutes of Hearing

WORKERS' COMPENSATION ADMINISTRATIVE LAW JUDGE

