

§ 10137. Form.

WORKERS COMPENSATION APPEALS BOARD
STATE OF CALIFORNIA

CASE NO.:

REQUEST FOR EXPEDITED
HEARING AND DECISION
[LABOR CODE SECTION 5512(b)]

Applicant

vs.

Defendants

The applicant herein, having filed an Application for Adjudication of Claim this date, requests that this case be set for expedited hearing and decision at

_____ on the following issues:

Workers' Compensation Appeals Board

- _____ Entitlement to Medical Treatment per L.C. 4600
- _____ Entitlement to Temporary Disability, or Disagreement on Amount of Temporary Disability
- _____ Appeal from Decision and Order of Rehabilitation Bureau
- _____ Entitlement to Compensation in Dispute Because of Disagreement between Employers and/or Carriers

Explanation: _____

APPLICANT 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; THAT THE TIME REQUIRED FOR HEARING WILL BE _____

Name (Print or Type) _____

Signature of applicant _____

Signature of attorney (if represented) _____

Date: _____

INSTRUCTION FOR FILING

This request must be filed with an Application for Adjudication of Claim at the appropriate district office of the Appeals Board.

SERVICE

Type or print names and addresses of parties, including attorneys and representatives served with a copy of this request.
