



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 \_\_\_\_\_ Certification No \_\_\_\_\_

Party Making Request

☐ Joint ☐ Applicant ☐ Defendant ☐ Other \_\_\_\_\_

Request For: ☐ Continuance ☐ OTOC Request By: ☐ Letter ☐ Telephone

Position of Opposing Party

☐ Agree ☐ Oppose ☐ Unreachable ☐ Unknown

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**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



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**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

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**Good Cause Appearing, It is Ordered That the Request For**

- ☐ Continuance Granted      ☐ Continuance Denied      ☐ OTOC Granted      ☐ OTOC Denied
- \_\_\_\_\_ Days For      ☐ C&R      ☐ STIPS      ☐ OTOC

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**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 \_\_\_\_\_ Location \_\_\_\_\_ Before Judge \_\_\_\_\_  
MM/DD/YYYY

☐ 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

