



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) ]

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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 section 4600.
- ☐ Entitlement to temporary disability, or disagreement on amount of temporary disability.
- ☐ Appeal from a determination of the Rehabilitation Unit finding entitlement to or terminating liability for rehabilitation services, or enforcement of an order of the Rehabilitation Unit.
- ☐ 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:

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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 and Law Firm (Print or Type)

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

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

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