STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
WORKERS' COMPENSATION APPEALS BOARD

APPLICANT

V.

DEFENDANT(S).

CASE NO. _____

PRE-TRIAL CONFERENCE STATEMENT §5502 (d) (3)

☐ NOTICE OF HEARING

LOCATION: _____ DATE: _____ TIME: _____

SETTLEMENT CONFERENCE JUDGE: _____

APPEARANCES:

☐ INJURED WORKER: _____

☐ INJURED WORKER'S ATTORNEY _____ ☐ATTY ☐HRG REP

_____
(FIRM NAME AND PERSON APPEARING)

☐ DEFENDANT'S ATTORNEY _____ _____ ☐ATTY ☐HRG REP

_____ ☐ATTY ☐HRG REP

_____ _____ ☐ATTY ☐HRG REP

_____ _____ ☐ATTY ☐HRG REP

(FIRM NAME AND PERSON APPEARING) (DEFENDANT)

☐ OTHERS APPEARING: _____
(L.C., INTERPRETERS, ETC.) _____

☐ ADDRESS RECORD CHANGES: _____

_____

BOX BELOW TO BE COMPLETED ONLY BY WORKERS' COMPENSATION JUDGE

DISPOSITION: SET FOR REGULAR HEARING: ☐ WCAB NOTICE ☐ NOTICE WAIVED

☐ 1 HOUR ☐ 2 HOURS ☐ ½ DAY ☐ ALL DAY

☐ BEFORE ANY WCJ ☐ BEFORE WCJ _____ ☐ BEFORE ANY WCJ OTHER THAN _____

☐ CASE(S) SET ON _____ AT _____ WCJ _____ IN _____
(DATE) (TIME) (LOCATION)

☐ **OTHER DISPOSITION AND ORDERS:** _____

_____

_____

_____

_____

SERVICE AS ORDERED ON PAGE 4

_____

WORKERS' COMPENSATION
ADMINISTRATIVE LAW JUDGE

STIPULATIONS

THE FOLLOWING FACTS ARE ADMITTED:

1. _____, BORN ____/____/____

WHILE ☐ EMPLOYED ☐ ALLEGEDLY EMPLOYED

☐ ON _____

☐ DURING THE PERIOD(S)_____

_____

AS A(N)_____, OCCUPATIONAL GROUP NUMBER_____

AT_____, CALIFORNIA,

BY_____

☐ SUSTAINED INJURY ARISING OUT OF AND IN THE COURSE OF EMPLOYMENT TO_____

_____

☐ CLAIMS TO HAVE SUSTAINED INJURY ARISING OUT OF AND IN THE COURSE OF EMPLOYMENT TO_____

_____

2. AT THE TIME OF INJURY THE EMPLOYER'S WORKERS' COMPENSATION CARRIER WAS

☐ THE EMPLOYER WAS ☐ PERMISSIBLY SELF-INSURED ☐ UNINSURED ☐ LEGALLY UNINSURED

3. AT THE TIME OF INJURY, THE EMPLOYEE'S EARNINGS WERE $_____PER WEEK, WARRANTING INDEMNITY RATES OF $_____ FOR TEMPORARY DISABILITY AND $_____ FOR PERMANENT DISABILITY.

4. THE CARRIER/EMPLOYER HAS PAID COMPENSATION AS FOLLOWS: (TD/PD/VRMA)

TYPE	WEEKLY RATE	PERIOD	TYPE	WEEKLY RATE	PERIOD

☐ THE EMPLOYEE HAS BEEN ADEQUATELY COMPENSATED FOR ALL PERIODS OF T/D CLAIMED THROUGH _____

5. THE EMPLOYER HAS FURNISHED ☐ ALL ☐ SOME ☐ NO MEDICAL TREATMENT.
THE PRIMARY TREATING PHYSICIAN IS _____

6. ☐ NO ATTORNEY FEES HAVE BEEN PAID AND NO ATTORNEY FEE ARRANGEMENTS HAVE BEEN MADE.

7. ☐ OTHER STIPULATIONS_____

_____

_____

_____

_____

_____ _____

APPLICANT DEFENDANT LIEN CLAIMANT/OTHER

PRE-TRIAL CONFERENCE STATEMENT **CASE NO.** _____

ISSUES

☐ EMPLOYMENT _____

☐ INSURANCE COVERAGE _____

☐ INJURY ARISING OUT OF AND IN THE COURSE OF EMPLOYMENT _____

☐ PARTS OF BODY INJURED: _____

☐ EARNINGS: EMPLOYEE CLAIMS _____ PER WEEK, BASED ON _____

EMPLOYER/CARRIER CLAIMS _____ PER WEEK, BASED ON _____

☐ TEMPORARY DISABILITY, EMPLOYEE CLAIMING THE FOLLOWING PERIOD(S): _____

_____

_____

☐ PERMANENT AND STATIONARY DATE:

EMPLOYEE CLAIMS ____/____/____, BASED ON _____

EMPLOYER/CARRIER CLAIMS ____/____/____, BASED ON _____

☐ PERMANENT DISABILITY ☐ APPORTIONMENT

☐ OCCUPATION AND GROUP NUMBER CLAIMED: BY EMPLOYEE _____

BY EMPLOYER/CARRIER _____

☐ NEED FOR FURTHER MEDICAL TREATMENT _____

☐ LIABILITY FOR SELF-PROCURED MEDICAL TREATMENT _____

_____

☐ LIENS:

LIEN CLAIMANT	TYPE OF LIEN	AMOUNT AND PERIODS PAID

☐ ATTORNEY FEES

☐ OTHER ISSUES: _____

_____

_____

_____

_____

_____ _____ _____

APPLICANT DEFENDANT LIEN CLAIMANT/OTHER

PRE-TRIAL CONFERENCE STATEMENT **CASE NO.** _____

THIS PAGE FOR JUDGE'S USE ONLY

JUDGE'S CONFERENCE NOTES: _____

ORDERS

☐ **IT IS ORDERED** PURSUANT TO WCAB RULE 10500, THAT ☐ DEFENDANT ☐ APPLICANT ☐ LIEN CLAIMANT SERVE FORTHWITH THIS ☐ PRE-TRIAL CONFERENCE STATEMENT ☐ NOTICE OF HEARING ON ALL PARTIES OR THEIR REPRESENTATIVE SHOWN ON THE OFFICIAL ADDRESS RECORD AND ANY ADDITIONAL LIEN CLAIMANTS WHOSE LIENS ARE SHOWN UNDER **ISSUES** (PAGE 3).

☐ **IT IS FURTHER ORDERED** THAT ☐ DEFENDANT ☐ APPLICANT ☐ LIEN CLAIMANT SERVE TIMELY NOTICE OF THE TIME AND PLACE OF ALL REGULAR HEARING SESSIONS ON ALL LIEN CLAIMANTS WHOSE LIENS ARE SHOWN UNDER ISSUES, TOGETHER WITH THE **FOLLOWING NOTICE: YOUR LIEN IS AT ISSUE AND WILL BE ADJUDICATED AT REGULAR HEARING.**

IT IS FURTHER ORDERED THAT THE PROOF OF SERVICE ORDERED ABOVE BE FILED WITH THE WCAB **ONLY** ON REQUEST OF THE ASSIGNED WORKERS' COMPENSATION JUDGE.

OTHER DISPOSITION AND ORDERS

_____

SERVICE OF THIS DOCUMENT WAS MADE PERSONALLY UPON _____ BY WCJ.

DATE _____/_____/_____ _____

WORKERS' COMPENSATION
ADMINISTRATIVE LAW JUDGE

EXHIBITS

☐ APPLICANT
☐ DEFENDANT
☐ LIEN CLAIMANT
☐ APPEALS BOARD

DESCRIPTION	DATE

WITNESSES

ABOVE LISTINGS OF EXHIBITS AND WITNESSES REVIEWED BY ALL PARTIES.

APPLICANT	DEFENDANT	LIEN CLAIMANT/OTHER

PRE-TRIAL CONFERENCE STATEMENT (MULTIPLE PARTIES) **CASE NO(S)** _____

1. APPLICANT, BORN _____, SUSTAINED OR CLAIMS INJURY AS FOLLOWS:

	(1)	(2)	(3)	(4)
CASE NO.				
DOI				
	CLAIMS ☐ ADMITTED ☐	CLAIMS ☐ ADMITTED ☐	CLAIMS ☐ ADMITTED ☐	CLAIMS ☐ ADMITTED ☐
BODY PARTS				
JOB TITLE(S) OCCUPATIONAL GROUP NO(S).				
EARNINGS & TD/PD RATES				
EMPLOYER				
CARRIER ADJUSTED BY				
WORK COMP SECURED BY	INSURED ☐ SELF-INSURED ☐ UNINSURED ☐	INSURED ☐ SELF-INSURED ☐ UNINSURED ☐	INSURED ☐ SELF-INSURED ☐ UNINSURED ☐	INSURED ☐ SELF-INSURED ☐ UNINSURED ☐
COVERAGE DATES				

2. THE CARRIER/EMPLOYER HAS PAID COMPENSATION AS FOLLOWS:

TYPE	WEEKLY RATE	PERIOD	PAID BY

3. ☐ THE EMPLOYEE HAS BEEN ADEQUATELY COMPENSATED FOR ALL PERIODS OF TEMPORARY DISABILITY CLAIMED THROUGH _____.

4. THE EMPLOYER HAS FURNISHED ☐ ALL ☐ SOME ☐ NO MEDICAL TREATMENT.
THE PRIMARY TREATING PHYSICIAN IS _____.

5. ☐ NO ATTORNEY FEES HAVE BEEN PAID AND NO ATTORNEY FEE AGREEMENTS HAVE BEEN MADE.

6. ☐ OTHER STIPULATIONS: _____