

DWC-CA form 10250.1 Page 1 (Rev. 11/2008) -

STATE OF CALIFORNIA DIVISION OF WORKERS' COMPENSATION WORKERS' COMPENSATION APPEALS BOARD DECLARATION OF READINESS TO PROCEED



DWC-CA form 10250.1

| | Declaration of Readiness to protein (10) days after service of the | ceed shall be file | |
|---|--|--------------------|--------------------------|
| Case No. | | | |
| Applicant | | | |
| | | | |
| First Name | | MI | |
| | | | |
| Last Name VS | | | |
| Employer Information | | | |
| | | | |
| Employer Name (Please leave blank spaces between numbers, r | names or words) | | |
| | | | |
| Employer Street Address/PO Box (Please leave blank spaces be | tween numbers, names or v | words) | _ |
| | | | |
| City | | ate | Zip Code |
| Declarants: Places designate valur rale (Places Salest Only One) | | | |
| Declarants: Please designate your role (Please Select Only One) | | | |
| Employee Applicant Defendant | Lien Claim | iant | |
| Declarant requests: (Please Select Only One) | | | |
| Mandatory Settlement Conference Status Conferen | ce Rating MSC* | Priorit | y Conference |
| At the present time the principal issues are: (Check all that apply) |) | | |
| Compensation Rate Rehabilitation/SJDB | Temporary Disability | Self-P | rocured Medical Treatmer |
| Permanent Disability Future Medical Treatment | AOE/COE | Discov | very |
| Employment Other | | | |
| | | | |
| Declarant relies on the report(s) of: | | | |
| Doctors (s) | | date | |
| | | ish ship Dooloyasi | MM/DD/YYYY |
| *For a Rating MSC, all ratable medical reports, including treating physician, QME Readiness, unless they have been previously filed. A Rating MSC will be set only need for future medical treatment. | | | |
| | | | |

| Declarant states under penalty perjury that he or she is preser | ntly ready to proceed to hearing on the issues below and |
|---|--|
| has made the following specific, genuine, good faith efforts to | resolve the dispute(s) listed below: |
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| | |
| | pleted discovery on the issues listed above, and that all medical as required by the rules promulgated by the Court Administrator |
| Copies of this Declaration have been served this date as show | n on the attached proof of service. |
| Declarant's Signature | |
| | |
| | |
| Name of declarant or name of the law firm of the declarant (Pri | int or Type) |
| Address (Please leave blank spaces between numbers, name | s or words) |
| | Date |
| Phone Number | MM/DD/YYYY |
| | |
| | |
| | |
| | |

INSTRUCTIONS

1. This Declaration must be completed and filed before any case will be set for hearing at the request of any party. A party may request a mandatory settlement conference hearing, status conference hearing, rating mandatory settlement conference hearing, or a priority conference hearing.

A mandatory settlement conference is held to assist the parties in resolving the dispute. If the dispute cannot be resolved at that time, the parties should be ready to frame issues, record stipulations, list exhibits, and list the witnesses who will testify at trial. A trial is set only at the discretion of the judge and is set for the purpose of receiving evidence.

A rating mandatory settlement conference is a mandatory settlement conference but ratings of the medical reports will be available at the time of the conference.

A status conference is not a mandatory settlement conference but a proceeding for which judicial attention is required. It can include, but is not limited to, a lien conference or conference in a complicated case in which discovery is not complete and **the** parties need the judge's guidance.

A priority conference is a conference held under Labor Code section 5502(c) in which the injured worker is represented by an attorney and the issues include employment and/or injury arising out of and in the course of employment.

- 2. Unless notified otherwise, no witness other than the applicant need attend conference hearings. Claims adjusters and lien claimants must be present or available by telephone.
- 3. The party requiring an interpreter must arrange for the presence of an interpreter, except that the defendant(s) must arrange for the presence of the interpreter if the injured worker is not represented by an attorney.
- 4. Continuances are not favored and none will be granted after the filing of this Declaration without a clear and timely showing of good cause.
- 5. The Workers' Compensation Appeals Board favors the presentation of medical evidence in the form of written reports.
- 6. The WCJ, upon the receipt of the Declaration of Readiness, may set the case for a type of proceeding other than the one requested (Section 10417).

Workers' Compensation Information and Assistance - 1 (800) 736-7401