



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 _____ Cert. No. _____

Party Making Request

☐ Joint ☐ Applicant ☐ Defendant ☐ Other _____

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

Position of Opposing Party

☐ Agree ☐ Oppose ☐ Unreachable ☐ Unknown

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

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

Good Cause Appearing, It is Ordered That the Request For

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

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 _____
MM/DD/YYYY

Location _____

Before Judge _____

☐ 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

