



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

Applicant Represented By _____

Attorney

Hearing Rep

☐☐

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

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 _____ Location _____ Before Judge _____
MM/DD/YYYY

☐ Supplemental Pages Attached _____ Pages

Date - MM/DD/YYYY

WORKERS' COMPENSATION ADMINSTRATIVE LAW JUDGE

Notice To _____

Pursuant to Rule 10500 you are designated to serve this/these document(s) on all parties as shown on the Official Address Record. Served on designated server with a copy of the Official Address Record.

☐ Served on parties and lien claimants present

HEARING DATE _____
MM/DD/YYYY

Order(s) _____

WORKERS' COMPENSATION ADMINISTRATIVE LAW JUDGE