

**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 \_\_\_\_\_ 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

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**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



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**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

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**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

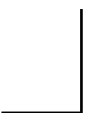
\_\_\_\_\_  
Date - MM/DD/YYYY

\_\_\_\_\_  
WORKERS' COMPENSATION ADMINSTRATIVE LAW JUDGE

Notice To \_\_\_\_\_

Pursuant to Rule 10500 you are designated to serve this/these document(s) on all parties.

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

