

## Information & Assistance Unit guide 5

### How to file a declaration of readiness to proceed

File a declaration of readiness to proceed (DOR) to request a conference at your local Workers' Compensation Appeals Board (WCAB) office.

A conference will be set only if you filed an application for adjudication of claim and a WCAB case number has been set up. If you don't have a WCAB case number, you will also need to file an application for adjudication of claim, which opens a WCAB case for you (see I&A guide 4).

Complete the form following the attached sample. Provide the specific information requested about how you tried to resolve the issues. This form can also be completed at

[http://www.dir.ca.gov/dwc/FORMS/EAMS%20Forms/ADJ/DWCCAFForm10250\\_1.pdf](http://www.dir.ca.gov/dwc/FORMS/EAMS%20Forms/ADJ/DWCCAFForm10250_1.pdf)

When you file the DOR, you should also file all relevant medical reports and records, and all letters from the insurance company about the issues in dispute.

Send the originals to your local WCAB office and copies to all parties. Submit the following documents with your form filing in the order shown:

- ✓ [Document Cover Sheet](#)
- ✓ [Document Separator Sheet](#) (*for Declaration of Readiness to Proceed*)
- ✓ [Declaration of Readiness To Proceed](#)
- ✓ [Document Separator Sheet](#) (*for Proof of Service By Mail*)
- ✓ [Proof of Service By Mail](#)

Keep a copy for your records.

The WCAB will review the DOR. All parties will be notified by mail when a conference is set.

All documents filed with the WCAB must include a document cover sheet and document separator sheet. Please see I&A guides 17 and 18 to learn how to complete these forms. In addition all forms must be typed or handwritten in block letters to insure legibility. Additional form instructions can be found on the EAMS OCR handbook at

[http://www.dir.ca.gov/dwc/eams/SampleFiles/EAMS\\_OCR%20handbook.pdf](http://www.dir.ca.gov/dwc/eams/SampleFiles/EAMS_OCR%20handbook.pdf).

If you need help, call an [Information and Assistance \(I&A\) office](#), or attend a [workshop for injured workers](#). The local I&A phone numbers are attached to this guide. You can get information on a local workshop from the I&A office or on the Web at [www.dwc.ca.gov](http://www.dwc.ca.gov).

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If you do not have the name and address of your insurance company to complete a form, please link to <http://www.dir.ca.gov/DWC/EAMS/EAMS-LC/EAMSClaimsAdmins.asp>.

The information contained in this guide is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations different than those present here.

When sending documents to a district office, please make sure they are not folded or stapled. Send them in a large manila envelope. Please see the EAMS OCR forms handbook for further instructions.

## WORKERS' COMPENSATION APPEALS BOARD DISTRICT OFFICES

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**ANAHEIM, 92806**

1065 N. PacifiCenter Dr., Suite 202  
Information & Assistance Unit (714) 414-7401

**BAKERSFIELD, 93301-1929**

1800 30<sup>th</sup> Street, Suite 100  
Information & Assistance Unit (661) 395-2514

**EUREKA, 95501-0481**

100 "H" Street, Suite 202  
Information & Assistance Unit (707) 441-5723

**FRESNO, 93721-2280**

2550 Mariposa Street, Suite 4078  
Information & Assistance Unit (559) 445-5355

**GOLETA, 93117-3018**

6755 Hollister Avenue, Suite 100  
Information & Assistance Unit (805) 968-4158

**GROVER BEACH, 93433-2261**

1562 W. Grand Avenue  
Information & Assistance Unit (805) 481-3380

**LONG BEACH, 90802-4339**

300 Oceangate Street, Suite 200  
Information & Assistance Unit (562) 590-5240

**LOS ANGELES, 90013-1105**

320 West 4<sup>th</sup> Street, 9<sup>th</sup> Floor  
Information & Assistance Unit (213) 576-7389

**MARINA DEL REY, CA 90292**

4720 Lincoln Blvd. 2<sup>nd</sup> and 3<sup>rd</sup> floors  
Information & Assistance Unit (310) 482-3858

**OAKLAND, 94612-1402**

1515 Clay Street, 6<sup>th</sup> Floor  
Information & Assistance Unit (510) 622-2861

**OXNARD, 93030**

2220 East Gonzales Road, Suite 100  
Information & Assistance Unit (805) 485-3528

**POMONA, 91766-1601**

732 Corporate Center Drive  
Information & Assistance Unit (909) 623-8568

**REDDING, 96001-2796**

2115 Civic Center Drive, Suite 15  
Information & Assistance Unit (530) 225-2047

**RIVERSIDE, 92501-3337**

3737 Main Street, Suite 300  
Information & Assistance Unit (951) 782-4347

**SACRAMENTO, 95034**

160 Promenade Circle Suite 300  
Information & Assistance Unit (916) 928-3158

**SALINAS, 93906-2204**

1880 North Main Street, Suites 100 & 200  
Information & Assistance (831) 443-3058

**SAN BERNARDINO, 92401-1411**

464 West Fourth Street, Suite 239  
Information & Assistance Unit (909) 383-4522

**SAN DIEGO, 92108**

7575 Metropolitan Drive, Suite 202  
Information & Assistance Unit (619) 767-2082

**SAN FRANCISCO, 94102-7002**

455 Golden Gate Avenue, 2<sup>nd</sup> Floor  
Information & Assistance Unit (415) 703-5020

**SAN JOSE, 95113-1482**

100 Paseo de San Antonio, Suite 241  
Information & Assistance Unit (408) 277-1292

**SANTA ANA, 92701-4070**

605 W Santa Ana Blvd, Bldg 28, Suite 451  
Information & Assistance Unit (714) 558-4597

**SANTA ROSA, 95404-4760**

50 "D" Streets, Suite 420  
Information & Assistance Unit (707) 576-2452

**STOCKTON, 94202**

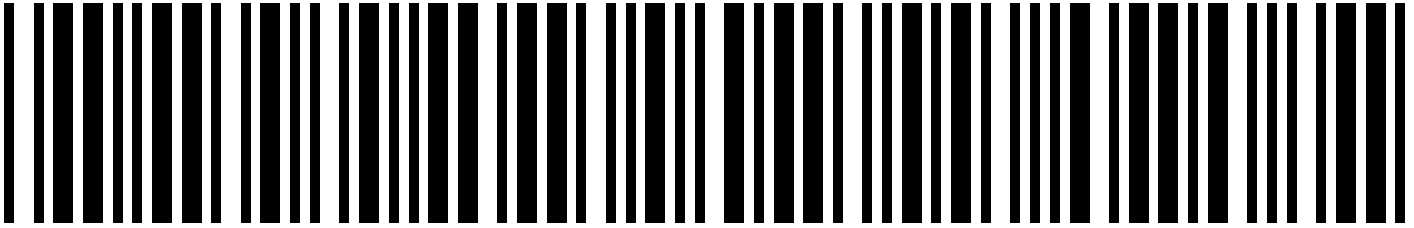
31 East Channel Street, Suite 344  
Information & Assistance Unit (209) 948-7980

**VAN NUYS, 91401-3373**

6150 Van Nuys Blvd., Suite 105  
Information & Assistance Unit (818) 901-5374

# DOCUMENT SEPARATOR SHEET

SAMPLE



Product Delivery Unit ADJ

Document Type LEGAL DOCS

Document Title DECLARATION OF READINESS TO PROCEED

Document Date DATE YOU FILLED OUT THE FORM  
MM/DD/YYYY

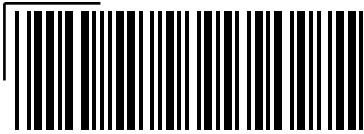
Author YOUR NAME

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## Office Use Only

Received Date \_\_\_\_\_  
MM/DD/YYYY





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

SAMPLE

EAMS CASE NUMBER

Case No.

NOTICE: Any objection to the proceedings requested by a Declaration of Readiness to proceed shall be filed and served within ten (10) days after service of the Declaration.

Applicant

YOUR FIRST NAME

First Name MI

YOUR LAST NAME

Last Name VS

Employer Information

NAME OF COMPANY YOU WERE WORKING FOR AT TIME OF INJURY

Employer Name (Please leave blank spaces between numbers, names or words)

COMPANY ADDRESS

Employer Street Address/PO Box (Please leave blank spaces between numbers, names or words)

COMPANY CITY

City State Zip Code

Declarants: Please designate your role (Please Select Only One)

- Employee Applicant Defendant Lien Claimant

SELECT THE TYPE OF HEARING YOU WANT. (SEE PAGE 3, INSTRUCTION SHEET FOR DEFINITIONS)

Declarant requests: ( Please Select Only One)

- Mandatory Settlement Conference Status Conference Rating MSC\* Priority Conference

At the present time the principal issues are: (Check all that apply)

- Compensation Rate Rehabilitation/SJDB Temporary Disability Self-Procured Medical Treatment
Permanent Disability Future Medical Treatment AOE/COE Discovery
Employment Other

Declarant relies on the report(s) of:

Doctors (s) NAME OF THE DOCTOR'S REPORT YOU ARE USING date DATE OF REPORT

MM/DD/YYYY

\*For a Rating MSC, all ratable medical reports, including treating physician, QME and AME reports, must be filed with this Declaration of Readiness, unless they have been previously filed. A Rating MSC will be set only where the issues are limited to permanent disability and the need for future medical treatment.

Declarant states under penalty perjury that he or she is presently 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:

LIST THE EFFORTS YOU HAVE MADE TO RESOLVE THE DISPUTE

Unless a status or priority conference is requested, I have completed discovery on the issues listed above, and that all medical reports in my possession or control have been filed and served as required by the rules promulgated by the Court Administrator.

Copies of this Declaration have been served this date as shown on the attached proof of service.

Declarant's Signature YOUR SIGNATURE

IF YOU DO NOT HAVE AN ATTORNEY, PRINT YOUR

Name of declarant or name of the law firm of the declarant (Print or Type)

YOUR MAILING ADDRESS

Address (Please leave blank spaces between numbers, names or words)

YOUR PHONE

Phone Number

Date TODAY'S DATE 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).

Proof Of Service By Mail

I declare that:

I am (resident of/employed in) the county of YOUR COUNTY California. I am over the age of eighteen years, my (business/residence) address is:

PUT YOUR HOME ADDRESS HERE

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On TODAY'S DATE, I served the attached NAME OF DOCUMENT on the INSURANCE COMPANY in said case, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully paid, in the United State mail at CITY WHERE YOU MAILED THIS addressed as follows

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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on (date) TODAY'S DATE, at CITY California.

Type or print name PRINT YOUR NAME

Signature SIGN YOUR NAME

Proof Of Service By Mail

I declare that:

I am (resident of/employed in) the county of \_\_\_\_\_ California. I am over the age of eighteen years, my (business/residence) address is:

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On \_\_\_\_\_, I served the attached \_\_\_\_\_ on the \_\_\_\_\_ in said case, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully paid, in the United State mail at

\_\_\_\_\_ addressed as follows \_\_\_\_\_

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I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on

(date) \_\_\_\_\_, at \_\_\_\_\_ California.

Type or print name \_\_\_\_\_

Signature \_\_\_\_\_