

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
WORKERS' COMPENSATION APPEALS BOARD

ID OR CASE NO. _____

**PETITION FOR PRE-APPLICATION
DISCOVERY ORDER**

(PRINT OR TYPE NAMES AND ADDRESSES; INCLUDE ZIP CODES)

Injured Worker

Address

Date of Claimed Injury

Social Security Number

Date of Birth

Attorney for Injured Worker

Address

Employer

Address

Insurance Carrier or, if Self-Insured, Certificate Name

Adjusting Agency, if Agency Administered

Address Where Claim Administered

Attorney for Employer/Carrier

Address

1. _____ injured worker employer

carrier other _____, in connection with the claimed injury listed above, petitions for the following:

- Order Compelling Appearance at Medical Examination.
- Order Compelling Appearance at Deposition.
- Order Compelling Release of Documents.
- Order Prohibiting Medical Examination.
- Order Quashing Subpoena/Subpoena Duces Tecum. (*Attach copy of subpoena*)
- Quashing Deposition. (*Attach copy of deposition notice*)
- Order Suspending Proceedings (Labor Code section 4053)
- Order Barring Compensation (Labor Code section 4054)
- Other:

2. Petitioner requests the following specific action:

- Defendant's Motion to Quash be denied
-

DECLARATION IN SUPPORT OF PETITION

STATE OF CALIFORNIA, COUNTY OF _____

The undersigned states:

That he/she is: []the petitioner [](one of) the attorney(s) of record/representative(s) for the petitioner.

That the following facts justify the action requested:

I declare under penalty of perjury that the foregoing is true and correct, except for the allegations made on information and belief.

Executed on _____, _____, at _____, California.

Signature

Address

Telephone

PROOF OF SERVICE

Proof of service may be made as follows:

- " (a) affidavit or declaration of service;
- " (b) written statement endorsed upon the document served and signed by the party or lien claimant making the statement;
- " (c) letter of transmittal."

The Proof of Service shall set forth the names and addresses of persons served, whether such service was made personally or by mail, the date of service, the place of personal service or the address to which mailing was made."

California Code of Regulations, title 8, section 10975
(WCAB Rules of Practice and Procedure)