

# Attachment A

## Subpoena Duces Tecum

Medical Information

**Medical Information**

Records pertaining to Applicant including the entire contents of all medical files in your possession or under your control, for all dates of injuries, types of injuries, treatment or illness or for any purpose whether industrial or nonindustrial, in paper, photographic, microfilm, or any electronic form including but not limited to: all medical files, charts, reports, notes, writings, diagrams, forms, printouts, test results, lab results; and including all correspondence and telephone conversation notes to and from all sources, including but not limited to other medical facilities and doctors, and to and from any representative of any insurance company, employer, investigator and attorneys.

**Billing Information**

Any and all itemized billing and payment information pertaining to the Applicant named on this subpoena duces tecum stored on any medium including electronic data. Any electronic data must be produced in a readable printout using deponent's computer programs.

**Psychiatric and Drug Abuse Records**

Any and all records pertaining to Applicant for diagnosis, treatment, counseling for any medical or mental condition including psychiatric, psychological, or drug dependency.

**Additional Information Requested**

# Attachment A

## to Subpoena Duce Tecum

### Claim Information

All documentation and records regarding or pertaining to Applicant including the entire contents of all insurance claims files, in any form including handwritten, typed, printed paper documents, electronic, computer, email, scanned, microfilm, photographic, video, and film; and including any type of record including any type of transmission and correspondence sent to or from any person, department, and entity including any and all information but not limited to the following categories:

1. Claims administration information as defined by Title 8 Cal. Admin. Code Section 10101.1 for all claims, including but not limited to:
  - a. all claims forms (DWC Form 1) or documentation that the claims administrator has provided claim forms to the employee;
  - b. all Employer's Report of Occupational Injury or Illness forms;
  - c. all notices or reports sent to the Division of Workers' Compensation;
  - e. all medical reports and documentation of reasonable attempts to obtain them in accordance with Title 8 Cal. Admin. Code Section 10608, 10615, 10616, 10622;
  - f. all orders of the Workers' Compensation Appeals Board;
  - g. an itemized listing of all compensation paid to Applicant that details the check number, date the check was issued, name of payee, amount, the type of benefit and for indemnity payments the time period(s) covered by the payment as per Title 8 Cal. Admin. Code Section 10100.1(z). The meaning of any computer codes must be specified;
  - h. all applications for adjudication filed with the Workers' Compensation Appeals Board.
2. All notices sent to the employee including:
  - a. all benefit notices including vocational rehabilitation notices as required by law Title 8 Cal. Admin. Code Section 10100.1(i)(1);
  - b. all notices related to the Qualified Medical Evaluation process required by Labor Code Section 4061 and 4062;
  - c. all documentation regarding Applicant's earnings and wages unless the Applicant is being paid the maximum temporary disability rate;
3. All notes and documentation related to the provision, delay, or denial of benefits, including any electronically stored documentation;
4. All documentation of the investigatory acts undertaken and the information obtained as a result of the good faith investigation to determine and timely provide each benefit, if any, which may be due the Applicant in compliance with Title 8 Cal. Admin. Code Section 10109;
5. All records obtained through a photocopy service or by a subpoena duces tecum or a release or authorization signed by Applicant, including a copy of the copy service order, subpoena duces tecum, release or authorization;
6. Handwritten or typed summaries of medical records;
7. Correspondence to or from any physician or medical facility, including notes of telephone conversations and appointment letters, status request letters, and status reports;
8. All documentation and correspondence to or from any employer;

# **Attachment A**

## **to Subpoena Duce Tecum**

Claim Information (continued)

9. All investigation reports regarding any accident or injury involving Applicant including any photographs, drawings, diagrams or representations of Applicant or any equipment, objects, scenes or locations and including the name, address and telephone number of all persons involved in the investigation;
10. All surveillance video, motion pictures, movies in any format purporting to depict Applicant in any manner whether depicting disability or lack of disability taken at any time.
11. All documents including billing statements and reports regarding any surveillance of Applicant by any agent or investigator. The billing statement is to detail all activities and dates of activities by any and all investigators;
12. All witness statements by any person having any knowledge of any accident or injury to Applicant;
13. All correspondence to or from any physician or medical facility, including notes of telephone conversations and appointment letters, status request letters, and status reports;

Additional Information Requested

# Attachment A

## Subpoena Duce Tecum

Claim Information

### **Benefit and Payment Information**

Detailed itemization of any and all benefits and payments information including but not limited to a detailed listing of amounts paid to or on behalf of applicant specifying each type of benefits, the payee, the date paid, and the period covered. The key to any computer data codes must be printed. Any electronic information that has not been printed is to be printed in readable format to comply with this subpoena.pertaining to the Applicant named on this subpoena duces tecum stored on any medium including electronic data. Any electronic data must be produced in a readable printout using deponent's computer programs.

### **Insurance Claim File**

All documents contained in the Claims File that are not protected under a legal privilege or as attorney work product. "Claims File" is defined as all documents required by Title 8, Cal. Code of Regs. §10101.1 and §10109.

Additional Information Requested

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## Subpoena Duces Tecum

### Employer Information

**Payroll Information**

For a period of one year prior to the last date worked by the employee listed on this subpoena duces tecum produce the following information:

1. A printout, listing, or report for each pay period showing the following:
  - Wages paid, including gross amount, each deduction, and net payment
  - Hours, including regular, overtime, sick, holiday and vacation
  - Any other benefit paid, if any

If necessary, multiple printouts (listing or reports) may be produced to satisfy this subpoena duces tecum. Each printout, listing or report shall include the dates of the pay period, the date of payment, the hours worked, the rate of pay and an itemization of all deductions for each pay period.

2. A copy of the employee's last issued W-2 or 1099 form.

A W-2 form is not sufficient to comply with this request without the above described printout, listing, or report(s).

**Employer Accident Information**

1. All documents contained in all of the employer's Claims, Injury and Accident Files for the named Applicant.
2. All documents contained in the employer's personnel and human resource file for the Applicant.
3. Applicant's application for employment or contract for services and all employment documents regarding services performed by Applicant for or on behalf of employer or any other company.
4. All written evaluations and documents of employment, title, service position, duties, disciplines, reprimands and changes of title, duties or rate of compensation.
5. All investigation reports, correspondence or memoranda regarding any claims, accidents and injuries alleged by Applicant.
6. All documentation, writings, and memoranda pertaining to any injuries or claims made by the Applicant.
7. All writings, correspondence, memoranda, forms and notices transmitted to or received from Applicant.
8. Copy of all correspondence sent to or received from any physicians regarding any claim or injury alleged by the Applicant.
9. Copy of all written or recorded statements made by the Applicant.
10. Copy of telephone log, and all written and computer notes of any conversation, if any, by any employer's representative with the Applicant, any physician or physician's office personnel, or insurance company representative regarding the Applicant.

**Employment Information**

Any and all documents wherever located of the employment and personnel file for the Applicant. The employment file defined by California Code of Civil Procedure Section 1985.6. Note that no notice to employee is required in accordance with Code of Civil Procedure Section 1985.6(i). Personnel File is defined by Labor Code Section 1198.5. That section states that the employer shall keep a copy of each employee's personnel file at the place the employee reports to work, or shall make such file available at such place within a reasonable period of time after a request therefore.

**Additional Information Requested**

# Attachment A

## Subpoena Duce Tecum

Vocational Rehabilitation Information

**Vocational Rehabilitation File**

The entire vocational rehabilitation file for the Applicant including all correspondence and notes, and evaluations, studies, opinions and billings.

**Good Cause - Vocational Rehabilitation**

This information is necessary regarding the issues of entitlement to vocational rehabilitation benefits or further benefits, ability to return to the usual and customary occupation or the position engaged in prior to injury, ability to compete in the open labor market, ability to return to suitable gainful employment, feasibility of vocational rehabilitation, adequacy and appropriateness of benefits provided, entitlement to TD and VRMA, and nature and extent of disability.

**Additional Information Requested**