DECLARATION OF READINESS TO ARBITRATE

UNDER THE

IRONWORKERS COLLECTIVELY BARGAINED WORKERS' COMPENSATION PROGRAM

Case No. _____

The [ ] Employee's Name: _____
[ ] Employer's Name: _____
[ ] Other Name: _____

states under penalty of perjury that he or she is presently ready to present evidence at an arbitration hearing on all issues in dispute; those issues are:

[ ] Compensation Rate	[ ] Rehabilitation
[ ] Temporary Disability	[ ] Self-procured Treatment
[ ] Permanent Disability	[ ] Future Medical Treatment

[ ] Other: _____

1. Employee's condition is permanent and stationary, as shown by report(s) of Doctor(s) _____ _____, respectively dated _____, and served on the following parties: _____

2. I expect to present _____ witnesses, including ____ medical witnesses, and estimate the time required for the hearing will be _____ hours.

3. I have completed discovery and all medical reports in my possession or control have been served on all parties.

4. Adverse parties have served me with medical reports: _____ (yes) _____ (no).

5. If an interpreter will be needed at the hearing, state the language(s): _____

SERVICE

Names and address of parties, including attorneys and representatives, served with a copy of this Arbitration Request:

_____ _____
_____ _____
_____ _____

Date: _____

_____
(Signature)

_____
(Address)

_____
(Telephone Number)

Must be timely filed with the ADR Director:
Gene Vick
Ironworkers Collectively Bargained Workers' Compensation Program
P.O. Box 542
El Verano, CA 95433
Telephone: (888) 615-4766; Fax: (707) 935-8826