

# WORKERS' COMPENSATION APPEALS BOARD

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FOR INSTRUCTIONS

APPLICATION FOR ADJUDICATION OF CLAIM  
(PRINT OR TYPE NAMES AND ADDRESSES)

CASE No. Unassigned

M. Maria Del Rosario Santillan

9431 Nance Ave., # P  
Downey, CA 90241

Social Security No.: None

(INJURED EMPLOYEE'S ADDRESS AND ZIP CODE)

(APPLICANT, IF OTHER THAN INJURED EMPLOYEE)  
vs.

(APPLICANT'S ADDRESS AND ZIP CODE)

Premier Staffing

10970 Arrow Route, Suite. 101

Rancho Cucamonga, CA 91730

(EMPLOYER - STATE IF SELF-INSURED)

(EMPLOYER'S ADDRESS AND ZIP CODE)

York Insurance

P.O. Box 619079

Roseville, CA 95661

(EMPLOYER'S INSURANCE CARRIER OR, IF SELF-INSURED, ADJUSTING AGENCY)

(INSURANCE CARRIER OR ADJUSTING AGENCY'S ADDRESS)

### IT IS CLAIMED THAT:

- The injured employee, born 03/26/1967, while employed as a Warehouse Supervisor on CT: 01/01/2012-04/08/2014 at 255 W. Victoria Street., Compton, CA 90220  
(DATE OF BIRTH) (OCCUPATION AT TIME OF INJURY) (DATE OF INJURY) (ADDRESS) (CITY) (STATE) (ZIP CODE)  
By the employer sustained injury arising out of and in the course of employment to Lumbar, Cervical, Thoracic Spine, Left Knee  
(STATE WHAT PARTS OF BODY WERE INJURED)
- The injury occurred as follows: While lifting: Lumbar, Thoracic, Cervical Spine  
(EXPLAIN WHAT EMPLOYEE WAS DOING AT TIME OF INJURY AND HOW INJURY WAS RECEIVED)
- Actual earnings at time of injury were: \$9.00 per hour @ 40 hours per week  
(GIVE WEEKLY OR MONTHLY SALARY OF HOURLY RATE AND NUMBER OF HOURS WORKED PER WEEK)
- The injury caused disability as follows: Unknown  
(SPECIFY LAST DAY OFF WORK DUE TO THIS INJURY AND BEGINNING AND ENDING DATES OF ALL PERIODS OFF DUE TO THIS INJURY)
- Compensation was paid N S N S N N  
(YES) (NO) (TOTAL PAID) (WEEKLY RATE) (DATE OF LAST PAYMENT)
- Unemployment insurance or unemployment compensation disability benefits have been received since the date of injury N  
(YES) (NO)
- Medical treatment was received Y Unknown All treatment was furnished by the Employer or Insurance Company N Other treatment was provided or paid for by Self-Procured  
(YES) (NO) (DATE OF LAST TREATMENT) (NAME OF PERSON OR AGENCY PROVIDING OR PAYING FOR MEDICAL CARE)  
related to this claim N doctors not provided or paid for by employer or insurance company who treated or examined for this injury are Cuevas Chiropractic; Los Angeles Community Hospital  
(STATE NAMES AND ADDRESSES OF SUCH DOCTORS AND NAMES OF HOSPITALS TO WHICH SUCH DOCTORS ADMITTED INJURED)
- Other cases have been filed for industrial injuries by this employee as follows: None  
(SPECIFY CASE NUMBER AND CITY WHERE FILED)
- This application is filed because of a disagreement regarding liability for:  
Permanent disability indemnity X Reimbursement for medical expense X Medical Treatment X  
Compensation at proper rate X Rehabilitation X Other (Specify) \_\_\_\_\_  
Penalties, interest and travel expenses. \_\_\_\_\_  
(AND APPLICANT REQUESTS A HEARING AND AWARD OF THE SAME, AND FOR ALL OTHER APPROPRIATE BENEFITS PROVIDED BY LAW)

Dated at Los Angeles

California, 07/03/2014

Barry Harris Hinden  
(APPLICANT'S ATTORNEY)

Maria Del Rosario Santillan  
(APPLICANT'S SIGNATURE)

Hinden & Breslavsky  
4661 W. Pico Blvd  
Los Angeles, CA 90019, (323) 954-1800

(ADDRESS AND TELEPHONE NUMBER OF ATTORNEY)