

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 Ombudsman:

Eric J. Nobriga Sr.

Ironworkers Collectively Bargained Workers' Compensation Program

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