

DECLARATION OF READINESS TO ARBITRATE

UNDER THE
 BASIC CRAFTS WORKERS' COMPENSATION BENEFITS TRUST FUND ADDENDUM

Basic Crafts 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:

- | | |
|---|--|
| <input type="checkbox"/> Compensation Rate | <input type="checkbox"/> Temporary Disability |
| <input type="checkbox"/> Permanent Disability | <input type="checkbox"/> Self-procured Treatment |
| <input type="checkbox"/> Future Medical Treatment | <input type="checkbox"/> 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: _____

Must be timely filed with the:

(Signature)

Basic Crafts Workers' Compensation Benefits Trust Fund
 265 Hegenberger Road, Suite 240
 Oakland, CA 94621-1480
 Telephone: (510) 568-5920; Fax: (510) 568-5279

(Address)

(Telephone Number)