DECLARATION OF READINESS TO ARBITRATE

UNDER THE

BASIC CRAFTS WORKERS' COMPENSATION BENEFITS TRUST FUND ADDENDUM

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:
Arthur Scears
Basic Crafts Workers' Compensation Benefits Trust Fund
822 C Street, #150
Hayward, CA 94543
Telephone: (510) 568-5920; Fax: (510) 568-5279