

**STATE OF CALIFORNIA
DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD
ANSWER TO APPLICATION FOR ADJUDICATION OF CLAIM**

Case Number: ADJ14891825

(Choose only one)

a specific injury on 11/06/2020
(MM/DD/YYYY)

a cumulative trauma injury which began on _____
(START DATE: MM/DD/YYYY)

and ended on _____
(END DATE: MM/DD/YYYY)

Name(s) of Answering Party(ies) BOLEN ASSOCIATES PASADENA
(Please leave blank spaces between names, numbers or words)

Injured Worker

First Name* MARVETTA

MI

Last Name* JOHNSON

Employer Information

Insured Self-Insured Legally Uninsured Uninsured

Employer Name COUNTY OF LOS ANGELES

Employer Street Address/PO Box 211 W TEMPLE ST 5TH FL

City LOS ANGELES

State CA

Zip Code (Numbers Only) 91364

Insurance Carrier Information (if applicable - include even if carrier is adjusted by claims administrator)

Insurance Carrier Name

Insurance Carrier Street Addr/PO Box

City

State

Zip Code (Numbers Only)

Claims Administrator Information (if applicable)

Claims Admin Name SEDGWICK 51350 ONTARIO

Claims Admin Str Addr/PO Box PO BOX 51350

City ONTARIO

State CA

Zip Code (Numbers Only) 91761

ANSWERING DEFENDANTS deny the allegations of the application as indicated below with such explanations as expressly set forth and admit all other material allegations.

DENIALS

(Mark X if allegation is denied)

EXPLAIN BELOW

Employment

Field size limited to 129 characters

Occupation

Field size limited to 129 characters

Injury

D ACPT L TRAPESIOUS. L ELBOW & L KNEE. NATURE & EXTENT AT ISSUE. DENY ALL BODY PARTS

Field size limited to 85 characters

(IF DENIAL IS BASED ON DATE OR PART OF BODY INJURED, EXPLAIN FULLY)

Insurance Coverage

Field size limited to 84 characters

(STATE IF EMPLOYER HAS BEEN NOTIFIED TO APPEAR AND DEFEND)

Liability for self-procured treatment

Field size limited to 129 characters

Liability for future medical treatment

Field size limited to 129 characters

Medical Legal Costs

DEFENDANTS DISPUTE ANY AND ALL MED-LEGAL EXPENSES OBTAINED IN VIOLATION OF LABOR CODE 4060, 4061 AND 4062.

Field size limited to 129 characters

Earnings

PER WAGE STATEMENT

Field size limited to 129 characters

Periods of Disability

Field size limited to 84 characters

(GIVE LAST DAY WORKED AND CORRECT DATE OF RETURN TO WORK).

Rehabilitation

Field size limited to 129 characters

Supplemental Job displacement / return to work

Field size limited to 129 characters

Permanent disability

APPORTIONMENT

Field size limited to 126 characters

(IF APPORTIONMENT IS CLAIMED, SO STATE)

IT IS FURTHER ALLEGED

1. Defendants have paid disability indemnity in the total amount of \$
at the rate of \$
a week beginning through
MM/DD/YYYY MM/DD/YYYY
plus

2. Affirmative defenses and other matters : (Field size limited to 448 characters)

ALL DEFENSES ALLOWED PURSUANT TO THE LABOR CODE.

The Answer to this Application is being filed on behalf of (Please check one only)

Employer Insurance Carrier Both

Defendant(s) do(es) not waive the right to raise additional issues in accordance with the provisions of law and the Rules of Practice and Procedure if other issues develop.

Dated:
Date (MM/DD/YYYY)

Phone Number
Signature

Firm Name	BOLEN ASSOCIATES PASADENA
Address/PO Box	133 N ALTADENA DR STE 420
City	PASADENA
State	CA
Zip Code (Numbers Only)	91107

1 Re: Marvetta Johnson v County of Los Angeles
2 Case No. ADJ14891825
3 Claim No. 21-00578-D

4 **PROOF OF SERVICE BY MAIL (1013a, 2015.5 C.C.P.)**
5 **STATE OF CALIFORNIA, COUNTY OF LOS ANGELES**

6 I am a resident of the county aforesaid; I am over the age of eighteen years and not a party to the
7 within entitled action; my business address is:

8 133 N Altadena Dr Ste 420, Pasadena, CA 91107

9 On the 11th day of October 2021, I served the within:

10 **ANSWER TO APPLICATION FOR ADJUDICATION OF CLAIM**

11 on the parties noted below in said action, by placing a true copy thereof enclosed in a sealed
12 envelope with postage thereon fully prepaid, in the United States mail at Pasadena, California,
13 addressed as follows:

14 Workers' Compensation Appeals Board
15 4720 Lincoln Boulevard, 2nd floor
16 Marina Del Rey, CA 90292-6902

Marvetta Johnson
1022 W 138th St
Compton, CA 90222

17 Sedgwick CMS
18 Attention: Christine Rowney
19 PO Box 51350
20 Ontario, CA 91761

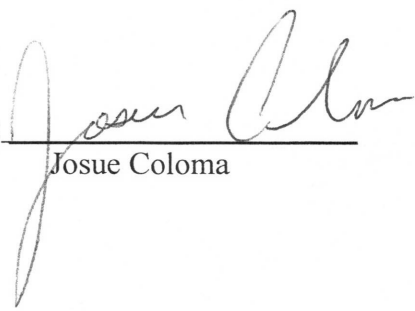
County of Los Angeles
Office of The County Counsel
Attention: Pauline Tannous
via email

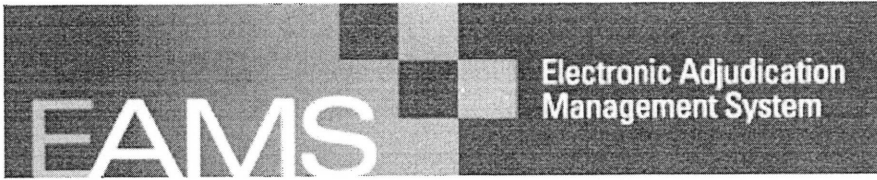
21 Workers Defenders Law Group
22 Attention: Natalia Foley
23 751 S Weir Canyon Rd Ste 157-455
24 Anaheim, CA 92808

WKCP@counsel.lacounty.gov *via email*
COLALegal@sedgwick.com *via email*

25 I declare under penalty of perjury under the laws of the State of California, that the foregoing is
26 true and correct.

27 Executed on October 11, 2021, at Pasadena, California.

28 By: 
Josue Coloma



Submission of this eform through EAMS constitutes service upon any internal DWC unit.

Batch ID: 35505801 Date: 10/11/2021 10:13:48 AM

OK

STATE OF CALIFORNIA
DWC DISTRICT OFFICE
E-COVER SHEET

Companion Cases Exist

Location*:

More than 15 Companion Cases

Walk Thru Yes No

Date: (MM/DD/YYYY)

Case Number*: SSN(Numbers Only)

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury (START DATE: MM/DD/YYYY) * (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Please check unit to be filed on (check only one box)*

ADJ DEU SIF UEF SAU INT RSU

Companion Cases

Case 1:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :

Case 2:

Specific Injury (If Specific Injury, use the start date as the specific date of injury)

Cumulative Injury (START DATE: MM/DD/YYYY) (END DATE: MM/DD/YYYY)

Body Part 1 : Body Part 2 :

Body Part 3 : Body Part 4 :

Other Body Parts :