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Clark v. Cry Baby Foods, LLC Agency's Record v. 2 Dckt. 40016

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BEFORE THE SUPREME COURT OF THE STATE OF IDAHO

LAW CLERK

JAMES W. CLARK,
 Claimant-Appellant,
 v.
 CRY BABE FOODS, LLC, Employer
 Defendant,
 and
 IDAHO STATE INSURANCE FUND,
 Surety,
 Defendant-Respondent.

Supreme Court Docket No. 40016-2012
 Industrial Commission No. 2008-013505

AGENCY'S RECORD
 Volume 2



BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

Claimant/Appellant Pro Se: JAMES W. CLARK
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 VANCOUVER, WA 98660

Defendant/Respondent: IDAHO STATE INSURANCE FUND

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AGENCY'S RECORD – Volume 2 (Re: James Clark Docket #40016)

40016

COPY

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JAMES W. CLARK,

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v.

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TABLE OF CONTENTS

LIST OF EXHIBITS (i)

VOLUME 1

WORKERS' COMPENSATION COMPLAINT, filed July 2, 2008.....	1, V1
CERTIFICATE OF SERVICE OF WORKERS' COMPENSATION COMPLAINT, filed July 9, 2008	4, V1
AMENDED CERTIFICATE OF SERVICE OF WORKERS' COMPENSATION COMPLAINT, filed July 11, 2008.....	5, V1
ANSWER TO COMPLAINT, filed July 28, 2008.....	7, V1
CERTIFICATE OF SERVICE (Claimant's 2 letters filed August 5, 2008), filed August 5, 2008	9, V1
CLAIMANT'S ANSWER TO ANSWER TO COMPLAINT, Dated August 1, 2008, (handwritten – 2 pages), filed August 5, 2008	10, V1
CLAIMANT'S REQUEST FOR CALENDARING, Dated August 1, 2008, (handwritten – 2 pages), filed August 5, 2008	12, V1
NOTICE TO THE PARTIES, filed August 6, 2008	14, V1
DEFENDANTS' NOTICE OF SUBSTITUTION OF COUNSEL, filed August 6, 2008	15, V1
DEFENDANTS' NOTICE OF FILING, filed August 15, 2008	17, V1
DEFENDANTS' OBJECTION TO REQUEST FOR CALENDARING, filed August 15, 2008	19, V1
ORDER ON CALENDARING, filed August 21, 2008	21, V1
CERTIFICATE OF SERVICE (Order on Calendarng), filed August 22, 2008.....	23, V1
LETTER FROM CLAIMANT RE SERVICE OF DOCUMENTS AND LETTERS TO ALAN HULL, Dated September 8, 2008, (handwritten 1 page, copy 1 page), filed September 9, 2008.....	24, V1
LETTER FROM CLAIMANT RE SERVICE OF REQUEST FOR DOCUMENTS AND THINGS AND INTERROGATORIES TO DEFENDANTS, Dated September 5, 2008, (handwritten – 1 page), filed September 9, 2008	26, V1
LETTER FROM CLAIMANT TO THE IDAHO INDUSTRIAL COMMISSION RE REQUEST FOR AWARD OF \$250,000, Dated September 5, 2008, (handwritten – 5 pages), filed September 9, 2008.....	27, V1
LETTER FROM CLAIMANT TO MR. HULL RE REQUEST FOR AWARD OF \$250,000, Dated September 5, 2008, (handwritten – 3 pages) filed September 9, 2008	32, V1

LETTER FROM CLAIMANT RE REQUEST FOR INDUSTRIAL COMMISSION TO REVIEW ALL DOCUMENTS RECEIVED FROM MR. HULL ATTORNEY FOR IDAHO STATE INSURANCE FUND and REQUEST FOR HEARING, Dated August 22, 2008 (handwritten – 2 pages) filed September 9, 2008	35, V1
LETTER FROM CLAIMANT RE REQUEST FOR (PRODUCTION OF DOCUMENTS AND THINGS TO CLAIMANT), Dated August 22, 2008, (handwritten 1 page w/attachments), filed September 9, 2008.....	37, V1
LETTER FROM CLAIMANT RE REQUEST FOR INTERROGATORIES TO CLAIMANT, Dated August 22, 2008, (handwritten – 1 page w/attachments) filed September 9, 2008	42, V1
LETTER FROM CLAIMANT RE RESPONSE OR REQUEST FOR SIGNATURE FOR “MEDICAL RELEASE”, Dated August 22, 2008, (handwritten – 1 page w/attachments), filed September 9, 2008.....	52, V1
LETTER FROM CLAIMANT RE “FACTS”, Dated August 22, 2008, (handwritten – 4 pages), filed September 9, 2008.....	62, V1
EXHIBITS TO BE PRODUCED AT HEARING ON COMPLAINT FILED JULY 9, 2008, Dated August 22, 2008, (Claimant’s handwritten – 2 pages w/attachments), filed September 9, 2008.....	66, V1
CERTIFICATE OF SERVICE (Claimant’s Letters and Discovery), filed September 10, 2008	86, V1
DEFENDANTS’ REQUEST FOR TELEPHONIC STATUS CONFERENCE, Filed September 11, 2008.....	87, V1
DEFENDANTS’ MOTION TO COMPEL DISCOVERY AND EXECUTION OF MEDICAL AND ADMINISTRATIVE RECORDS RELEASES, filed September 24, 2008	89, V1
DEFENDANTS’ MEMORANDUM IN SUPPORT OF MOTION TO COMPEL, filed September 24, 2008.....	92, V1
DEFENDANTS’ AFFIDAVIT OF COUNSEL IN SUPPORT OF MOTION TO COMPEL, Filed September 24, 2008.....	103, V1
ORDER ON MOTION TO COMPEL AND SETTING A DEADLINE FOR CLAIMANT TO OBTAIN LEGAL COUNSEL AND NOTICE OF TELEPHONE CONFERENCE, Filed October 2, 2008	164, V1
CLAIMANT’S REQUEST FOR CONTINUANCE TO HIRE ATTORNEY, Dated October 15, 2008, (handwritten – 1 page), filed October 15, 2008.....	166, V1
CERTIFICATE OF SERVICE (Claimant’s Letter Requesting Continuance), Filed October 16, 2008.....	167, V1
ORDER ON REQUEST FOR CONTINUANCE AND CANCELLING TELEPHONE CONFERENCE, filed October 17, 2008.....	168, V1

CLAIMANT’S REQUEST FOR DISMISSAL OF COMPLAINT WITHOUT PREJUDICE, Dated October 17, 2008, (handwritten – 1 page), filed October 17, 2008	169, V1
CERTIFICATE OF SERVICE (Claimant’s Request for Dismissal of complaint), filed October 17, 2008	170, V1
DEFENDANTS’ RESPONSE TO CLAIMANT’S LETTERS TO THE COMMISSION, filed October 20, 2008	171, V1
LETTER FROM CLAIMANT TO MS. OWEN, IDAHO STATE INSURANCE FUND, Dated November 3, 2008, (handwritten – 4 pages faxed), filed November 3, 2008	173, V1
CERTIFICATE OF SERVICE (Claimant’s Faxed Letter), filed November 4, 2008	178, V1
ORDER DISMISSING COMPLAINT, filed November 26, 2008	179, V1
LETTERS FROM CLAIMANT, filed December 3, 2008	181, V1
• To Referee Requesting hearing, Dated November 29,2008, (handwritten – 2 pages)	
• To Referee Requesting Hearing, Dated November 30, 2008, (handwritten – 3 pages)	
• To Referee Requesting Production of Documents at Show Cause Hearing, Dated November 30, 2008, (handwritten – 1 page)	
• To Ms. Burke Requesting Forwarding of Show Cause Hearing Requests, (handwritten – 1 page), Dated December 1, 2008	
• To Referee Requesting Show Cause, Dated December 1, 2008, (handwritten – 1 page)	
• To Referee Requesting Show Cause Hearing, Dated December 1, 2008, (handwritten – 2 pages)	
• To Referee Regarding Clarification of Phrase, undated, (handwritten – 1 page)	
• To Referee Re Medical Bills, undated, (handwritten – 1 page with attachments)	
CERTIFICATE OF SERVICE (Claimant’s Letters (18 pages) filed December 3, 2008), filed December 4, 2008.....	199, V1

VOLUME 2

LETTER FROM CLAIMANT TO MRS. OWEN REQUESTING DOCUMENTS, Dated December 3, 2008, (handwritten - 1 page), filed December 4, 2008.....	200, V2
LETTER FROM CLAIMANT TO DENNIS BURKS REQUESTING MEDIATION, Dated December 3, 2008, (handwritten – 1 page), filed December 4, 2008	201, V2
CERTIFICATE OF SERVICE (Claimant’s letter filed December 4, 2008), filed December 4, 2008	203, V2
DEFENDANTS’ RESPONSE TO CLAIMANT’S LETTERS FILED DECEMBER 3, 2008 AND RESPONSE TO REQUEST FOR CALENDARING, filed December 11, 2008.....	204, V2
LETTER FROM CLAIMANT REQUESTING STATUS CONFERENCE, Dated December 29, 2008, (handwritten – 1 page), filed December 29, 2008	208, V2

LETTER FROM CLAIMANT REQUESTING HEARING, Dated December 29, 2008, (handwritten – 1 page), filed December 29, 2008	209, V2
CERTIFICATE OF SERVICE (Claimant’s letters faxed/filed December 29, 2008), Filed December 31, 2008	210, V2
WORKERS’ COMPENSATION COMPLAINT FILED BY EMPLOYER AND SURETY, filed January 6, 2009	211, V2
DEFENDANTS’ REQUEST FOR HEARING, filed January 6, 2009	213, V2
NOTICE OF HEARING, filed January 13, 2009.....	217, V2
DEFENDANTS’ SECOND MOTION TO COMPEL DISCOVERY AND EXECUTION OF MEDICAL AND ADMINISTRATIVE RECORDS RELEASES, filed January 6, 2009	219, V2
CLAIMANT’S LETTER TO MS. OWENS REQUESTING MEDICAL RECORDS, Dated January 12, 2009, (handwritten – 1 page), filed January 12, 2009	222, V2
CERTIFICATE OF SERVICE (Claimant’s letter dated January 12, 2009), Filed January 13, 2009	224, V2
CLAIMANT’S MOTION TO REVISE SHOW CAUSE HEARING, Dated January 14, 2009, (handwritten – 1 page with attachments), filed January 14, 2009	225, V2
CERTIFICATE OF SERVICE (Claimant’s Motion to Revise Show Cause Hearing with attachments), filed January 15, 2009	229, V2
CLAIMANT’S LETTER REQUESTING TO REVISE SHOW CAUSE HEARING, Dated January 15, 2009, (handwritten – 1 page w/attachment), filed January 20, 2009	230, V2
CLAIMANT’S LETTER REQUESTING REFILEING OF COMPLAINT, Dated January 16, 2009, (handwritten – 1 page), filed January 20, 2009	232, V2
CLAIMANT’S LETTER REGARDING VIOLATION OF RULES BY STATE FUND, Dated January 17, 2009, (handwritten – 3 pages), filed January 20, 2009.....	233, V2
CLAIMANT’S LETTER TO DEFENDANTS REGARDING OFFER OF SETTLEMENT, Dated January 18, 2009, (handwritten – 5 pages), filed January 20, 2009	236, V2
CLAIMANT’S LETTER RE REQUEST FOR MEDIATION HEARING, Dated January 19, 2009, (handwritten – 1 page), filed January 20, 2009	241, V2
CERTIFICATE OF SERVICE (Claimant’s letters filed January 20, 2009), filed January 21, 2009	242, V2
CLAIMANT’S LETTER WITHDRAWING PROPOSED SETTLEMENT, Dated January 22, 2009, (handwritten – 1 page), filed January 22, 2009.....	243, V2
CERTIFICATE OF SERVICE (Claimant’s letter filed January 22, 2009), Filed January 22, 2009	244, V2

DEFENDANTS' RESPONSE TO CLAIMANT'S SECOND REQUEST FOR MEDIATION, Filed January 22, 2009	245, V2
CLAIMANT'S MEMORANDUM IN SUPPORT OF MOTION TO COMPEL, (handwritten – 15 pages), filed January 26, 2009.....	247, V2
CERTIFICATE OF SERVICE (Claimant's Memorandum in Support of Motion to Compel), Filed January 26, 2009	262, V2
ORDER ON MOTION TO COMPEL AND OTHER MATTERS, filed February 6, 2009	263, V2
CLAIMANT'S LETTER TO DEFENDANTS REQUESTING COPIES OF MEDICAL PROVIDER, Dated February 6, 2009, (handwritten – 1 page), filed February 6, 2009	266, V2
CLAIMANT'S DOCUMENTS, (14 pages) filed February 9, 2009	267, V2
CERTIFICATE OF SERVICE (Claimant's document filed February 6, 2009), Filed February 10, 2009	281, V2
CERTIFICATE OF SERVICE (Claimant's documents filed February 9, 2009), Filed February 10, 2009	282, V2
DEFENDANTS' OBJECTION TO CLAIMANT'S REQUEST FOR ADDITIONAL TIME TO PROVIDE SIGNED RELEASED AND DISCOVERY RESPONSES, filed February 11, 2009	283, V2
CLAIMANT'S LETTER TO DEFENDANTS REQUESTING DOCUMENT AND MEDICAL RELEASES, Dated February 12, 2008, (handwritten – 1 page), filed February 12, 2009.....	286, V2
CERTIFICATE OF SERVICE (Claimant's document filed February 12, 2009), Filed February 12, 2009	287, V2
CLAIMANT'S LETTER REQUESTING EXTENSION OF TIME TO RESPOND, Dated February 12, 2009, (handwritten – 2 pages), filed February 12, 2009	288, V2
CERTIFICATE OF SERVICE (Claimant's document filed February 12, 2009), filed February 13, 2009.....	290, V2
DEFENDANTS' OBJECTION TO CLAIMANT'S SECOND REQUEST FOR ADDITIONAL TIME TO PROVIDE SIGNED RELEASES AND DISCOVERY RESPONSES FILED FEBRUARY 12, 2009, filed February 13, 2009	291, V2
CLAIMANT'S LETTER TO DEFENDANTS REGARDING PHONE CONVERSATION OF FEBRUARY 13, 2009, Dated February 13, 2009, (handwritten – 2 pages), Filed February 13, 2009	295, V2
CLAIMANT'S LETTER TO DEFENDANTS REGARDING PHONE CONVERSATION OF FEBRUARY 13, 2009, Dated February 13, 2009, (handwritten – 2 pages), filed February 17, 2009.....	297, V2

CERTIFICATE OF SERVICE (Claimant’s documents filed February 13 and 17, 2009), Filed February 17, 2009	299, V2
CLAIMANT’S LETTER REGARDING INABILITY TO RESPOND, Dated February 16, 2008, (handwritten – 1 page), filed February 17, 2009	300, V2
CERTIFICATE OF SERVICE (Claimant’s another document filed February 17, 2009), Filed February 17, 2009	301, V2
ANOTHER ORDER, filed February 17, 2009.....	302, V2
CLAIMANT’S DOCUMENTS, filed February 20, 2012	304, V2
• Re West Valley Medical Center Authorization for Release, Dated February 18, 2009, (handwritten – 1 page with attached original miscellaneous Authorizations)	
• Response to Defendants’ Interrogatories to Claimant, Dated February 18, 2009, (handwritten – 6 pages)	
• Response to Defendants’ Request for Production of Documents and Things, Dated February 18, 2009, (handwritten – 3 pages)	
CERTIFICATE OF SERVICE (Claimant’s documents filed February 20, 2009), Filed February 23, 2009	332, V2
DEFENDANTS’ MOTION FOR SANCTIONS, filed February 25, 2009.....	333, V2
CLAIMANT’S RESPONSE TO DEFENDANTS’ REQUEST FOR SANCTIONS, (4 pages) filed February 27, 2009	363, V2
CERTIFICATE OF SERVICE (Claimant’s documents filed February 27, 2009), Filed February 27, 2009	367, V2
DEFENDANTS’ NOTICE OF EXCHANGE OF EXHIBITS AND DISCLOSURES PURSUANT TO RULE 10, filed February 27, 2009.....	368, V2
DEFENDANTS’ MOTION TO ALLOW HEARING TESTIMONY VIA TELEPHONE and MOTION TO SHORTEN TIME, filed February 27, 2009	373, V2
CLAIMANT’S DOCUMENTS, filed March 2, 2009	379, V2
• Request for Subpoenas, dated February 28, 2009, (handwritten – 3 pages with attachments)	
• Objection to Defendant’s Witness List, dated February 28, 2009, (handwritten – 2 pages)	
CERTIFICATE OF SERVICE (Claimant’s documents filed March 2, 2009), filed March 2, 2009.....	396, V2
NOTICE OF PRE-HEARING TELEPHONE CONFERENCE, filed March 2, 2009.....	397, V2

VOLUME 3

DEFENDANTS’ OBJECTION TO SUBPOENA, filed March 3, 2009.....	398, V3
---	---------

AMENDED NOTICE OF TELEPHONE CONFERENCE, filed March 3, 2009.....	407, V3
ORDER ON MOTIONS AND ORDER VACATING HEARING, filed March 5, 2009	408, V3
CLAIMANT’S LETTER TO REFEREE DATED APRIL 26, 2009, (handwritten – 5 pages), filed April 27, 2009	410, V3
CERTIFICATE OF SERVICE (Claimant’s document filed April 27, 2009), filed April 27, 2009.....	415, V3
DEFENDANTS’ RESPONSE TO CLAIMANT’S FILING OF APRIL 27, 2009, filed May 7, 2009	416, V3
CLAIMANT’S MOTION TO MOVE FORWARD TO IDAHO STATE SUPREME COURT OF APPEAL, (handwritten – 5 pages), filed June 2, 2009	447, V3
CLAIMANT’S ORDER OF MOTION TO ALLOW FACTS & DOCUMENT TO BE PUT ON RECORD THAT ARE RELEVANT TO THE OUTCOME OF MY CASE, (handwritten – 5 pages), filed June 2, 2009.....	452, V3
CERTIFICATE OF SERVICE (Claimant’s documents filed June 2, 2009), filed June 2, 2009	457, V3
ORDER ON CLAIMANT’S MOTION TO MOVE FORWARD, filed June 3, 2009.....	458, V3
CLAIMANT’S ORDER OF MOTION TO CASE AND DESIST, (handwritten – 5 pages), Filed June 5, 2009	460, V3
CERTIFICATE OF SERVICE (Claimant’s document filed June 5, 2009), filed June 5, 2009	465, V3
DEFENDANT’S RESPONSE TO CLAIMANT’S DOCUMENTS FILED JUNE 2, 2009 and JUNE 5, 2009, filed June 10, 2009	466, V3
ORDER ON MOTION TO CEASE AND DESIST AND TO NOTICE OF INTENT TO RECOMMEND DISMISSAL, filed June 10, 2009	471, V3
DEFENDANTS’ LETTER TO CLAIMANT VIA FIRST CLASS AND CERTIFIED MAIL RETURN RECEIPT REQUESTED, Dated June 12, 2009, filed June 12, 2009	473, V3
DEFENDANTS’ LETTER TO REFEREE, dated June 12, 2009, filed June 12, 2009.....	509, V3
CLAIMANT’S LETTERS, filed June 15, 2009.....	510, V3
• To Commission, (handwritten – 5 pages)	
• To Defendants, dated June 15, 2009, (handwritten – 2 of 3 pages)	
CERTIFICATE OF SERVICE (Claimant’s document filed June 15, 2009), filed June 15, 2009	517, V3
CLAIMANT’S LETTER PAGE 3 OF 3, (handwritten – 1 page), filed June 15, 2009	518, V3

CERTIFICATE OF SERVICE (Additional Claimant’s document filed June 15, 2009), Filed June 15, 2009.....	519, V3
DEFENDANTS’ LETTER TO CLAIMANT VIA FIRST CLASS AND CERTIFIED MAIL RETURN RECEIPT REQUESTED, Dated June 15, 2009, filed June 15, 2009	520, V3
DEFENDANTS’ LETTER TO CLAIMANT VIA FIRST CLASS CERTIFIED MAIL RETURN RECEIPT REQUESTED, Dated June 16, 2009, filed June 16, 2009	522, V3
CLAIMANT’S MOTION TO RECONSIDER, (handwritten – 1 page), filed June 23, 2009	523, V3
CERTIFICATE OF SERVICE (Claimant’s Motion to Reconsider filed June 23, 2009), Dated June 24, 2009	524, V3
NOTICE OF INTENT TO RECOMMEND DISMISSAL, FILED June 29, 2009	525, V3
CLAIMANT’S RESPONSE TO NOTICE OF INTENT TO RECOMMEND DISMISSAL FILED JUNE 29, 2009 WITH THE INDUSTRIAL COMMISSION, (handwritten – 7 pages with attachments), filed July 14, 2009.....	527, V3
CERTIFICATE OF SERVICE (Claimant’s documents filed July 14, 2009), Filed July 14, 2009	538, V3
CLAIMANT’S LETTER TO DEFENDANTS’ REGARDING SETTLEMENT, Dated July 27, 2009, (handwritten – 11 pages), filed July 27, 2009	539, V3
CERTIFICATE OF SERVICE (Claimant’s documents filed July 27, 2009), Filed July 27, 2009	551, V3
ORDER DISMISSING COMPLAINT, filed July 28, 2009.....	552, V3
CLAIMANT’S RESPONSE TO JULY 28, 2009 OF ORDER DISMISSING COMPLAINT BY INDUSTRIAL COMMISSION MOTION TO RECONSIDER, Dated August 3, 2009, (handwritten – 10 pages), Filed August 3, 2009.....	554, V3
CLAIMANT’S MOTION TO ORDER CONTINUE MEDICAL TREATMENT, dated August 3, 2009, (handwritten – 2 pages with attachments), filed August 3, 2009.....	564, V3
CERTIFICATE OF SERVICE (Claimant’s Motion to Reconsider filed August 3, 2009), Filed August 4, 2009	573, V3
CERTIFICATE OF SERVICE (Claimant’s Motion to Order Continue Medical Treatment filed August 3, 2009), filed August 4, 2009	574, V3
CLAIMANT’S (AMENDED) WORKERS’ COMPENSATION COMPLAINT (20 pages), filed August 4, 2009	575, V3
CERTIFICATE OF SERVICE (Claimant’s Amended Complaint filed August 4, 2009), Filed August 4, 2009	595, V3

CLAIMANT’S MOTION TO CONSIDER ALL RECORDS RECEIVED FROM IDAHO DEPARTMENT OF CORRECTION DEEMED MOOT, (handwritten – 4 pages), filed August 4, 2009	596, V3
---	---------

VOLUME 4

CERTIFICATE OF SERVICE (Claimant’s Documents filed August 4, 2009), filed August 5, 2009	600, V4
CLAIMANT’S WITNESS LIST, (handwritten – 4 pages), filed August 5, 2009	601, V4
CERTIFICATE OF SERVICE (Claimant’s documents filed August 5, 2009), filed August 5, 2009	605, V4
CLAIMANT’S MOTION TO PRODUCE DOCUMENTS AND THINGS, (handwritten – 3 pages), Filed August 5, 2009	606, V4
CERTIFICATE OF SERVICE (Claimant’s document filed August 5, 2009), filed August 6, 2009	609, V4
CLAIMANT’S LETTER TO MS. OWEN, Dated August 18, 2009, (handwritten – 1 page), Filed August 18, 2009	610, V4
ANOTHER CERTIFICATE OF SERVICE (Claimant’s document filed August 18, 2009), filed August 18, 2009	611, V4
CLAIMANT’S WITNESS LIST, (handwritten – 1 page), filed August 18, 2009	612, V4
CERTIFICATE OF SERVICE (Claimant’s document filed August 18, 2009), filed August 18, 2009	613, V4
CLAIMANT’S LETTER TO MS. OWEN, Dated August 21, 2009, (handwritten – 1 page), Filed August 21, 2009	614, V4
CERTIFICATE OF SERVICE (Claimant’s document filed August 21, 2009), filed August 21, 2009	615, V4
CLAIMANT’S LETTER TO MS. OWEN REGARDING ADDITIONAL WITNESS, (handwritten – 1 page), filed August 24, 2009	616, V4
CERTIFICATE OF SERVICE (Claimant’s document filed August 24, 2009), filed August 25, 2009	617, V4
DEFENDANTS’ LETTER TO CLAIMANT VIA FIRST CLASS AND CERTIFIED MAIL RETURN RECEIPT REQUESTED, Dated August 25, 2009, filed August 25, 2009	618, V4
DEFENDANTS’ ANSWER TO AMENDED COMPLAINT, filed August 25, 2009	619, V4
DEFENDANTS’ AMENDED ANSWER TO AMENDED COMPLAINT, filed August 26, 2009	621, V4

DEFENDANTS' OBJECTION TO CLAIMANT'S AUGUST 3, 2009 THROUGH AUGUST 24, 2009 FILINGS AND RESPONSE TO MOTION TO RECONSIDER, filed August 28, 2009.....	623, V4
CLAIMANT'S RESPONSE TO DEFENDANTS' RESPONSE OF NEW COMPLAINT, (handwritten – 11 pages), filed August 31, 2009	649, V4
CERTIFICATE OF SERVICE (Claimant's Document filed August 31, 2009), filed August 31, 2009	660, V4
CLAIMANT'S REQUEST FOR COMPLAINT TO BE HANDED TO COURT OF APPEAL TO BE HEARD FOR RECONSIDERATION, Dated September 1, 2009 (handwritten – 7 pages), filed September 1, 2009	661, V4
CERTIFICATE OF SERVICE (Claimant's document filed September 1, 2009), filed September 1, 2009.....	668, V4
CLAIMANT'S COVER PAGE AND REQUEST TO ADD WITNESS, Dated August 8, 2009, (handwritten – 2 pages), filed September 8, 2009.....	669, V4
CLAIMANT'S OBJECTION TO DEFENDANTS' AUGUST 28, 2009 FILING AND RESPONSES TO MOTION TO RECONSIDER, Dated September 7, 2009, (handwritten – 2 pages), filed September 8, 2009.....	671, V4
CLAIMANT'S MOTION TO CEASE AND DESIST, Dated September 7, 2009, (handwritten – 5 pages), filed September 8, 2009.....	673, V4
CLAMANT'S REQUEST FOR DOCUMENTS, Dated September 8, 2009, (handwritten – 1 page), filed September 8, 2009	678, V4
CERTIFICATE OF SERVICE (Claimant's documents filed September 8, 2009), filed September 8, 2009.....	679, V4
CERTIFICATE OF SERVICE (Claimant's legal file), filed October 2, 2009.....	680, V4
CLAIMANT'S EVIDENCE AND EXHIBITS with PHOTOS, Dated November 3, 2009, (handwritten – 1 page with 2 photos), filed November 6, 2009	681, V4
CERTIFICATE OF SERVICE (Claimant's letter regarding evidence and exhibits, filed November 6, 2009), filed November 10, 2009	684, V4
CLAIMANT'S MOTION FOR INDUSTRIAL COMMISSION TO FORWARD COMPLAINT TO THE COURT OF APPEAL FOR RECONSIDERATION, Dated November 10, 2009, (handwritten – 2 pages), filed November 10, 2009	685, V4
CERTIFICATE OF SERVICE (Claimant's general motion regarding forwarding the reconsideration to a court of appeal, filed November 12, 2009), filed November 12, 2009	687, V4
CLAIMANT'S MOTION TO CONTINUE TRANSPORTATION, Dated November 12, 2009, (handwritten – 4 pages), filed November 12, 2009	688, V4

CERTIFICATE OF SERVICE (Claimant’s general motion to continue transportation, filed November 12, 2009) filed November 13, 2009	692, V4
CLAIMANT’S ADDITION TO MOTION TO GET CONTINUED TRANSPORTATION, (handwritten – 1 page), filed November 13, 2009.....	693, V4
CERTIFICATE OF SERVICE (Claimant’s addition to the motion to continue transportation, filed November 13, 2009), filed November 13, 2009	694, V4
STIPULATION REGARDING CONTINUATION OF BENEFITS, filed November 13, 2009.....	695, V4
CLAIMANT’S MOTION FOR DOCUMENTS AND THINGS, (handwritten – 1 page), filed November 13, 2009	698, V4
CERTIFICATE OF SERVICE (Claimant’s general motion for documents and things, filed November 13, 2009), filed November 16, 2009.....	699, V4
CLAIMANT’S NOTICE OF COMPLIANCE, Dated November 15, 2009, (handwritten – 1 page with attachments), filed November 16, 2009	700, V4
CERTIFICATE OF SERVICE (Claimant’s compliance with signing medical releases, filed November 16, 2009), filed November 16, 2009	703, V4
CLAIMANT’S LETTER TO MS. OWEN REGARDING PSYCHIATRIC EVALUATION, Dated November 17, 2009, (handwritten – 2 pages), filed November 17, 2009	704, V4
CERTIFICATE OF SERVICE (Claimant’s letter regarding psychiatric evaluation, filed November 17, 2009), filed November 18, 2009	706, V4
ORDER REGARDING RECONSIDERATION AND ADDITIONAL FILINGS, filed November 18, 2009	707, V4
ORDER APPROVING STPULATION, filed November 18, 2009.....	713, V4
CLAIMANT’S NOTICE REGARDING COMMISSION’S ORDER, (handwritten – 1 page), filed November 19, 2009	715, V4
CERTIFICATE OF SERVICE (Claimant’s document filed November 19, 2009), filed November 24, 2009	716, V4
ORDER TO CLARIFY, filed December 23, 2009	717, V4
CLAIMANT’S REQUESTING CLARIFICATION OF ORDER TO CLARIFY FILED DECEMBER 23, 2009, (handwritten – 7 pages), filed December 28, 2009	719, V4
CERTIFICATE OF SERVICE (Claimant’s document filed December 28, 2009), filed December 29, 2009.....	726, V4
DEFENDANTS’ REQUEST FOR TELEPHONIC STATUS CONFERENCE, filed January 8, 2010	727, V4

NOTICE OF APPEARANCE (LUKER), FILED January 11, 2010.....	732, V4
CLAIMANT’S RESPONSE TO DEFENDANTS’ REQUEST FOR TELEPHONE CONFERENCE, filed February 10, 2010	734, V4
NOTICE OF TELPHONE CONFERENCE, filed February 25, 2010	738, V4
DEFENDANTS’ MOTION TO VACATE TELEPHONE CONFERENCE, filed March 3, 2010	739, V4
LUKER’S LETTER TO WHOM IT MAY CONCERN REGARDING MOTION TO VACATE TELEPHONE CONFERENCE, Dated March 5, 2010, filed March 8, 2010	741, V4
NOTICE CANCELLING TELEPHONE CONFERENCE, filed March 11, 2010	742, V4
CLAIMANT’S NOTICE OF SERVICE OF DISCOVERY, filed March 15, 2010.....	743, V4
CERTIFICATE OF SERVICE (Notice of Cancelling Telephone Conference filed March 11, 2010), filed March 17, 2010.....	744, V4
CLAIMANT’S MOTION TO AMEND COMPLAINT, FILED June 18, 2010.....	745, V4
CLAIMANT’S REQUEST FOR HEARING, filed June 18, 2010	749, V4
NOTICE TO THE PARTIES, filed June 21, 2010.....	752, V4
DEFENDANTS’ RESPONSE TO REQUEST FOR HEARING, filed June 25, 2010	753, V4
NOTICE OF HEARING, filed June 30, 2010	756, V4
DEFENDANTS’ NOTICE OF FILING, filed August 12, 2010.....	758, V4
DEFENDANTS’ NOTICE OF FILING, filed August 26, 2010.....	760, V4
DEFENDANTS’ NOTICE OF TAKING DEPOSITION UPON ORAL EXAMINATION (JAMES CLARK), filed October 6, 2010	762, V4
DEFENDANTS’ AMENDED NOTICE OF TAKING DEPOSITION UPON ORAL EXAMINATION (JAMES CLARK), filed October 7, 2010.....	765, V4
CLAIMANT’S NOTICE OF SERVICE OF DISCOVERY, filed October 13, 2010	768, V4

VOLUME 5

DEFENDANTS’ AFFIDAVIT OF COUNSEL IN SUPPORT OF SECOND MOTION TO ALLOW HEARING TESTIMONY VIA TELEPHONE, filed November 4, 2010	769, V5
DEFENDANTS’ AFFIDAVIT OF JEWEL OWEN IN SUPPORT OF SECOND MOTION TO ALLOW HEARING TESTIMONY VIA TELEPHONE, filed November 4, 2010	811, V5

DEFENDANTS' SECOND MOTION TO ALLOW HEARING TESTIMONY VIA TELEPHONE AND MOTION TO SHORTEN TIME, filed November 4, 2010	815, V5
DEFENDANTS' NOTICE OF SERVICE OF JOINT HEARING EXHIBITS PURSUANT TO J.R.P. 10, filed November 5, 2010	820, V5
NOTICE OF TELEPHONE CONFERENCE, filed November 5, 2010	823, V5
CLAIMANT'S RESPONSE TO DEFENDANT'S SECOND MOTION TO ALLOW TESTIMONY VIA TELEPHONE, filed November 8, 2010.....	824, V5
DEFENDANTS' NOTICE OF INTENT TO TAKE POST-HEARING DEPOSITION UPON ORAL EXAMINATION (DOUG CRUM, C.D.M.S.), filed November 8, 2010.....	826, V5
DEFENDANTS' NOTICE OF INTENT TO TAKE POST-HEARING DEPOSITION UPON ORAL EXAMINATION (CRAIG BEAVER, PH.D.), filed November 8, 2010.....	828, V5
DEFENDANTS' NOTICE OF INTENT TO TAKE POST-HEARING DEPOSITION UPON ORAL EXAMINATION (J. HARRISON WHITCOMB, LCSW), filed November 8, 2010.....	830, V5
DEFENDANTS' NOTICE OF INTENT TO TAKE POST-HEARING DEPOSITION UPON ORAL EXAMINATION (SI STEINBERG, M.D.), filed November 8, 2010	832, V5
DEFENDANTS' NOTICE OF INTENT TO TAKE POST-HEARING DEPOSITION UPON ORAL EXAMINATION (RICHARD WILSON, M.D.), filed November 8, 2010	834, V5
DEFENDANTS' NOTICE OF INTENT TO TAKE POST-HEARING DEPOSITION UPON ORAL EXAMINATION (ERIC HOLT, M.D.), filed November 8, 2010	836, V5
DEFENDANTS' NOTICE OF FILING, filed November 8, 2010.....	838, V5
DEFENDANTS' NOTICE OF TAKING DEPOSITION UPON ORAL EXAMINATION (LARRY ROBB), filed November 9, 2010	840, V5
DEFENDANTS' NOTICE OF FILING, filed November 9, 2010.....	843, V5
ORDER ON MOTION, filed November 10, 2010.....	845, V5
DEFENDANTS' FIRST SUPPLEMENTAL NOTICE OF SERVICE OF JOINT HEARING EXHIBITS PURSUANT TO J.R.P. 10, filed November 12, 2010	846, V5
DEFENDANTS' NOTICE OF INTENT TO TAKE POST-HEARING DEPOSITION UPON ORAL EXAMINATION (ROBERT HANSON, M.D.), filed November 12, 2010	848, V5
DEFENDANTS' NOTICE OF INTENT TO TAKE POST-HEARING DEPOSITION UPON ORAL EXAMINATION (JAMES MORLAND, M.D.), filed November 12, 2010	850, V5
DEFENDANTS' NOTICE OF FILING, filed November 16, 2010.....	852, V5

DEFENDANTS' SECOND SUPPLEMENTAL NOTICE OF SERVICE OF JOINT HEARING EXHIBITS PURSUANT TO J.R.P. 10, filed November 17, 2010.....	854, V5
DEFENDANTS' NOTICE OF TAKING POST-HEARING DEPOSITION UPON ORAL EXAMINATION (ROBERT HANSON, M.D.), filed November 30, 2010	856, V5
DEFENDANTS' NOTICE OF TAKING POST-HEARING DEPOSITION UPON ORAL EXAMINATION (RICHARD WILSON, M.D.), filed November 30, 2010	859, V5
DEFENDANTS' NOTICE OF TAKING POST-HEARING DEPOSITION UPON ORAL EXAMINATION (CRAIG BEAVER, PH.D.), filed November 30, 2010.....	862, V5
DEFENDANTS' NOTICE OF TAKING POST-HEARING DEPOSITION UPON ORAL EXAMINATION (JEWEL OWEN), filed December 7, 2010	865, V5
DEFENDANTS' AMENDED NOTICE OF TAKING POST-HEARING DEPOSITION UPON ORAL EXAMINATION (RICHARD WILSON, M.D.), filed December 8, 2010.....	869, V5
DEFENDANTS' AMENDED NOTICE OF TAKING POST-HEARING DEPOSITION UPON ORAL EXAMINATION (CRAIG BEAVER, PH.D.), filed December 8, 2010	872, V5
DEFENDANTS' NOTICE OF TAKING TELEPHONIC POST-HEARING DEPOSITION UPON ORAL EXAMINATION (ERIC HOLT, M.D.), filed December 13, 2010.....	875, V5
DEFENDANTS' NOTICE OF TAKING POST-HEARING DEPOSITION UPON ORAL EXAMINATION (J. HARRISON WHITCOMB, LCSW), filed December 13, 2010	878, V5
DEFENDANTS' AMENDED NOTICE OF TAKING TELEPHONIC POST-HEARING DEPOSITION UPON ORAL EXAMINATION (ERIC HOLT, M.D.), filed December 14, 2010	881, V5
CLAIMANT'S OBJECTION AND MOTION TO QUASH DEFENDANTS' TELEPHONIC DEPOSITION OF DR. ERIC HOLT, filed December 16, 2010.....	884, V5
AFFIDAVIT OF LYNN M LUKER IN SUPPORT OF MOTION TO WITHDRAW AS COUNSEL, filed December 20, 2010.....	886, V5
MOTION TO WITHDRAW AS COUNSEL (LUKER), filed December 20, 2010.....	888, V5
ORDER GRANTING WITHDRAWAL OF ATTORNEY, filed December 21, 2010.....	890, V5
DEFENDANTS' NOTICE OF VACATING POST-HEARING DEPOSITION UPON ORAL EXAMINATION (J. HARRISON WHITCOMB, LCSW), filed December 21, 2010	892, V5
DEFENDANTS' NOTICE OF VACATING TELEPHONIC POST-HEARING DEPOSITION UPON ORAL EXAMINATION (ERIC HOLT, M.D.), filed December 21, 2010.....	895, V5
NOTICE TO VACATE POST-HEARING DEPOSITION UPON ORAL EXAMINATION (CRAIG BEAVER, PH.D.), filed December 21, 2010	898, V5

NOTICE TO VACATING POST-HEARING DEPOSITION UPON ORAL EXAMINATION (RICHARD WILSON, M.D.), filed December 21, 2010.....	901, V5
CERTIFICATE OF SERVICE (Claimant’s legal file and exhibits from Attorney Luker for Claimant), filed December 22, 2010.....	904, V5
CERTIFICATE OF SERVICE (Hearing transcript to Hull), filed December 22, 2010	905, V5
CERTIFICATE OF SERVICE (Hearing transcript to Claimant, pro se), filed December 22, 2010	906, V5
AFFIDAVIT OF LYNN M LUKER CONFIRMING SERVICE OF COMMISSION ORDER GRANTING WITHDRAWAL OF ATTORNEY, filed December 27, 2010.....	907, V5
ATTORNEY’S LIEN AND MOTION FOR APPROVAL OF LIEN (Luker), filed December 27, 2010	910, V5
AFFIDAVIT OF LYNN M. LUKER IN SUPPORT OF ATTORNEY’S LIEN AND MOTION FOR APPROVAL, Filed December 27, 2010.....	912, V5
CLAIMANT’S MOTION FOR EXTENDED TIME TO SEE NEW COUNSEL, (handwritten – 3 pages), filed December 27, 2010.....	917, V5
CERTIFICATE OF SERVICE (Claimant’s Motion for Extended Time filed December 27, 2010), filed December 27, 2010	920, V5
CLAIMANT’S MOTION TO MOVE FORWARD AND RESPONSE TO OTHER MOTIONS BEFORE THE COMMISSION, Dated January 5, 2011, (handwritten – 6 pages), filed January 5, 2011	921, V5
CLAIMANT’S MOTION TO AMEND, Dated January 5, 2011, (handwritten – 3 pages), filed January 5, 2011	927, V5
CLAIMANT’S QUESTION FOR COMMISSION, Dated January 5, 2011, (handwritten – 3 pages), filed January, 2011	930, V5
CLAIMANT’S MOTION TO PRODUCE DOCUMENTS AND THINGS, Dated January 5, 2011, (handwritten – 4 page), filed January 5, 2011	933, V5
CLAIMANT’S MOTION TO ALLOW IMPACT STATEMENT, Dated January 5, 2011, (handwritten – 1 page), filed January 5, 2011	937, V5
CLAIMANT’S MOTION REQUESTING MEDIATION, Dated January 5, 2011, (handwritten – 1 page), filed January 5, 2011	938, V5
CERTIFICATE OF SERVICE (Claimant’s Motions and Documents filed January 5, 2011), filed January 6, 2011	939, V5
DEFENDANTS’ REQUEST FOR TELEPHONE CONFERENCE, filed January 11, 2011	940, V5

DEFENDANTS' RESPONSE TO CLAIMANT'S MOTIONS AND DOCUMENTS FILED JANUARY 5, 2011, filed January 11, 2011	942, V5
CLAIMANT'S MOTION REQUEST FOR NEW HEARING AND TRANSPORTATION, (handwritten – 6 pages), filed January 12, 2011.....	949, V5
CERTIFICATE OF SERVICE (Claimant's Motion filed January 12, 2011), filed January 13, 2011	955, V5
ORDER ON CLAIMANT'S MOTION FOR NEW HEARING AND TRANSPORTATION, filed January 14, 2011	956, V5
ORDER ON CLAIMANT'S ADDITIONAL MOTIONS, filed January 14, 2011.....	958, V5
DEFENDANTS' OBJECTION TO CLAIMANT'S REQUEST FOR TRANSPORTATION FILED JANUARY 12, 2011, filed January 18, 2011	961, V5
CLAIMANT'S REQUEST TO HAVE THE DEFENDANTS FOLLOW THROUGH WITH DR. HOLT'S DEPOSITION, Dated January 18, 2011, (handwritten – 1 page), filed January 18, 2011	963, V5
CLAIMANT'S WITHDRAWING MOTION TO ALLOW ATTORNEY'S LIEN FILED 23 RD DAY OF DECEMBER, 2010, Dated January 18, 2011, (handwritten – 2 pages), filed January 18, 2011	964, V5
CERTIFICATE OF SERVICE (Claimant's document/motions filed January 18, 2011), filed January 20, 2011	966, V5
CLAIMANT'S REQUEST TO HAVE ALL DEPOSITIONS HELD IN CLAIMANT'S HOME TOWN, Dated January 20, 2011, (handwritten – 1 page), filed January 20, 2011	967, V5
CLAIMANT'S REQUEST THAT SANDY BASKETT'S DEPOSITION BE HELD BEFORE THE COMMISSION, Dated January 18, 2011, (handwritten – 1 page), filed January 19, 2011	968, V5
CLAIMANT'S REQUEST TO HOLD SANDY BASKETT'S AND DOUGLAS N. CRUM, CDMS, DEPOSITIONS BE HELD FIRST, Dated January 18, 2011, (handwritten – 1 page), filed January 19, 2011	969, V5

VOLUME 6

CLAIMANT'S MOTION TO MOVE FORWARD REGARDING DEPOSITIONS, Dated January 18, 2011, (handwritten – 1 page), filed January 19, 2011.....	970, V6
CLAIMANT'S RESPONSE TO TRANSPORTATION, Dated January 19, 2011, (handwritten – 1 page), filed January 19, 2011	971, V6
AMENDED CERTIFICATE OF SERVICE (Claimant's documents/motions filed January 18 & 19, 2011), filed January 20, 2011	972, V6

CERTIFICATE OF SERVICE (Claimant’s document/motion filed January 20, 2011), filed January 21, 2011	973, V6
CLAIMANT’S MOTION TO ALLOW THIS MOTION TO BE CLAIMANT’S LAST MOTION SO THE COMMISSION CAN BRING CLAIMANT CLAIM TO A RESOLUTION OR BRING TO A END, Dated January 25, 2011, (handwritten – 14 pages), filed January 25, 2011	974, V6
CERTIFICATE OF SERVICE (Claimant’s document/motion filed January 25, 2011), filed January 26, 2011	988, V6
DEFENDANTS’ RESPONSE TO CLAIMANT’S DOCUMENT MOTIONS FILED JANUARY 18, JANUARY 20, AND JANUARY 25, 2011, filed January 26, 2011	989, V6
CLAIMANT’S NOTICE OF CHANGE OF ADDRESS, Dated January 29, 2011, (handwritten – 1 page), filed January 31, 2011	995, V6
CLAIMANT’S (RENEWED) REQUEST FOR THE COMMISSION TO MOVE FORWARD AND MAKE DETERMINATION, Dated January 31, 2011, (handwritten – 1 page), filed January 31, 2011	996, V6
CERTIFICATE OF SERVICE (Claimant’s document/motions filed January 31, 2011), filed January 31, 2011	997, V6
CERTIFICATE OF SERVICE (Commission’s Judicial Rules of Practice and Procedure and IC 1002 Form – Complaint Against ISIF to Claimant), filed February 2, 2011	998, V6
ORDER ON MOTIONS, filed February 2, 2011	999, V6
DEFENDANTS’ LETTER TO REFEREE CLAIMANT’S “REFUSED” MAIL, Dated February 2, 2011, filed February 2, 2011	1001, V6
NOTICE OF TELEPHONE CONFERENCE, filed February 3, 2011	1004, V6
DEFENDANTS’ NOTICE OF TAKING DEPOSITION UPON ORAL EXAMINATION (DOUG CRUM, C.D.M.S.), filed February 7, 2011	1005, V6
DEFENDANTS’ SECOND NOTICE OF TAKING POST-HEARING DEPOSITION UPON ORAL EXAMINATION (CRAIG BEAVER, PH.D.), filed February 7, 2011	1008, V6
DEFENDANTS’ SECOND NOTICE OF TAKING POST-HEARING DEPOSITION UPON ORAL EXAMINATION (RICHARD WILSON, M.D.), filed February 7, 2011	1011, V6
CERTIFICATE OF SERVICE (Defendants letter filed February 2, 2011, Defendants’ letter with Notice of Depositions filed February 7, 2011 re Craig Beaver, Ph.D., Doug Crum, CDMS, and Dr. Richard Wilson), filed February 8, 2011	1014, V6
CLAIMANT’S REQUEST FOR USE OF DVD PLAYER AT ORAL EXAMINATION OF CRAIG BEAVER PH.D. AND DOUG CRUM, C.D.M.S., AND RICHARD WILSON, Dated February 9, 2011, (handwritten – 1 page), filed February 10, 2011	1015, V6

CERTIFICATE OF SERVICE (Claimant’s documents filed February 10, 2011), filed February 10, 2011	1016, V6
CLAIMANT’S 9 TH CONTINUATION OF DOCUMENTS AND THING (Exhibits for Deposition on February 24, 2011 and March 2, 2011 – <i>listed with and included in Exhibits</i>), Dated February 17, 2011, (handwritten – 1 page), filed February 17, 2011	1017, V6
CERTIFICATE OF SERVICE (Claimant’s document (69 pages) filed February 17, 2011), filed February 18, 2011	1018, V6
CLAIMANT’S MOTION FOR RECONSIDERATION, Dated March 4, 2011, (handwritten – 4 pages, faxed and hard copy), filed March 4, 2011	1019, V6
CERTIFICATE OF SERVICE (Claimant’s document filed March 4, 2011 and hard copy filed March 7, 2011), filed March 7, 2011	1027, V6
LETTER FROM DEFENDANTS TO REFEREE RE NOTICE OF NOT TAKING POST-HEARING DEPOSITION OF SI STEINBERG, M.D. and J. HARRISON WHITCOMB, LCSW, filed March 7, 2011	1028, V6
REFEREE’S LETTER TO CLAIMANT REGARDING FAX FILED WORKERS’ COMPENSATION COMPLAINT, Dated March 7, 2011	1030, V6
CERTIFICATE OF SERVICE (Defendants’ letter faxed/filed March 7, 2011), filed March 8, 2011	1033, V6
NOTICE OF TELEPHONE CONFERENCE, filed March 8, 2011	1034, V6
DEFENDANTS’ RESPONSE TO CLAIMANT’S DOCUMENT FILED MARCH 4, 2011, filed March 8, 2011	1035, V6
CERTIFICATE OF SERVICE (Defendants’ Response to Claimant’s Document filed March 4, 2011, regarding post-hearing deposition of Sandy Baskett), filed March 9, 2011	1038, V6
ORDER ON MOTION FOR SUBPOENA, filed March 10, 2011	1039, V6
ORDER ESTABLISHING BRIEFING SCHEDULE, filed March 10, 2011	1040, V6
CLAIMANT’S CONTINUATION OF MEDICAL RECORDS FOR CONSIDERATION ON CLAIMANT’S CLAIM OF APRIL 17, 2008, Dated March 29, 2011, (handwritten – 1 page with attachments listed with and included Exhibits), filed March 29, 2011	1041, V6
CERTIFICATE OF SERVICE (Claimant’s document filed March 30, 2011), filed March 30, 2011	1042, V6
CERTIFICATE OF SERVICE (Claimant’s Brief filed March 21, 2011), filed April 1, 2011	1043, V6
CERTIFICATE OF SERVICE (Claimant’s Amended Brief filed April 1, 2011), filed April 5, 2011	1044, V6

CERTIFICATE OF SERVICE (Defendants' Post-Hearing Brief filed May 13, 2011 to Claimant), filed May 18, 2011	1045, V6
FAX CONFIRMATION OF COVER SHEET FROM INDUSTRIAL COMMISSION TO DENISE (ANDERSON, JULIAN & HULL) RE TRANSMITTAL OF CLAIMANT'S BRIEF TO DEFENDANTS, dated 05/27/41 [sic]	1046, V6
CERTIFICATE OF SERVICE (Claimant's Briefs (total 86 pages) filed May 27 and 31, 2011), filed June 2, 2011	1047, V6
DEFENDANTS' MOTION TO STRIKE, filed June 7, 2011	1048, V6
CLAIMANT'S REQUEST FOR UPDATE REGARDING CLAIMANT'S BRIEF FILED MAY 27, 2011, Dated September 29, 2011, (handwritten – 1 page), filed September 29, 2011	1052, V6
LETTER FROM INDUSTRIAL COMMISSION TO CLAIMANT REGARDING STATUS OF CASE, Dated October 7, 2011	1053, V6
DEFENDANTS' NOTICE OF FILING, filed January 31, 2012	1054, V6
DEFENDANTS' NOTICE OF FILING, filed January 31, 2012	1063, V6
CLAIMANT'S REQUEST FOR EMERGENCY PHONE CONFERENCE, (handwritten – 2 pages with attachments), filed February 3, 2012	1067, V6
CERTIFICATE OF SERVICE (Claimant's letter requesting telephone conference filed February 3, 2012), filed February 6, 2012	1070, V6
NOTICE OF TELEPHONE CONFERENCE, filed February 6, 2012	1071, V6
CLAIMANT'S NOTICE OF CHANGE OF ADDRESS, (handwritten – 1 page), filed February 27, 2012	1072, V6
CERTIFICATE OF SERVICE (Claimant's letter filed February 27, 2012), filed March 1, 2012	1073, V6
FINDINGS OF FACT, CONCLUSIONS OF LAW AND RECOMMENDATION BY REFEREE NOT ADOPTED BY COMMISSIONERS (NOT FILED), Dated April 10, 2012	1074, V6

VOLUME 7

FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER, filed May 2, 2012	1126, V7
LUKER'S ATTORNEY'S BRIEF ON MOTION FOR APPROVAL OF ATTORNEY'S LIEN, filed May 9, 2012	1180, V7
CLAIMANT'S MOTION FOR EXTENDED TIME, Dated May 11, 2012, (handwritten – 1 page), filed May 11, 2012	1186, V7

CLAIMANT’S MOTION FOR APPROVAL OF EXTENSION OF TIME SO CLAIMANT CAN PROPERLY ADDRESS COMMISSION ORDER, (typed – 2 pages), filed May 14, 2012	1187, V7
CLAIMANT’S ADDITIONS TO REQUEST FOR MORE TIME, Dated May 11, 2012, (handwritten – 2 pages with attachments), filed May 14, 2012.....	1189, V7
CLAIMANT’S SECOND REQUEST FOR EXTENDED TIME ON RESPONSE BRIEF OF ATTORNEY LIEN ORDER, dated May 14, 2012, (handwritten – 1 page), filed May 14, 2012	1192, V7
CLAIMANT’S SECOND MOTION FOR EXTENDED TIME ON APPEAL PROCESS, Dated May 18, 2012, (handwritten – 1 page), filed May 18, 2012	1193, V7
CLAIMANT’S DOCUMENT, Dated May 21, 2012, (handwritten – 4 pages), filed May 21, 2012	1194, V7
CLAIMANT’S REQUEST FOR COPIES OF LUKER’S WITHDRAWAL ON DECEMBER 27, 2010, Dated May 22, 2012, (handwritten – 1 page), filed May 22, 2012.....	1198, V7
CLAIMANT’S FILING OF SOCIAL SECURITY ADMINISTRATION DECISION, 1 page, filed May 21, 2012.....	1199, V7
CLAIMANT’S FILING OF NOTICE OF CLAIM STATUS FROM STATE INSURANCE FUND, dated May 17, 2012, filed May 22, 2012.....	1200, V7
CERTIFICATE OF SERVICE ON DEFENDANTS (Claimants filings of May 11, 2012; May 14, 2012; May 18, 2012; May 21, 2012; May 22, 2012), filed May 22, 2012.....	1201, V7
CERTIFICATE OF SERVICE ON LUKER (Claimants filings of May 11, 2012; May 14, 2012; May 18, 2012; May 21, 2012; May 22, 2012), filed May 22, 2012.....	1203, V7
AMENDED CERTIFICATE OF SERVICE (Correct Fax Number), (Claimants filings of May 11, 2012; May 14, 2012; May 18, 2012; May 21, 2012; May 22, 2012), filed May 22, 2012.....	1205, V7
CERTIFICATE OF SERVICE (Claimant’s Request for copy of Luker’s Order to Withdraw on December 27, 2010, Notice of Claim Status from State Insurance Fund), filed May 22, 2012	1207, V7
ORDER REGARDING MOTIONS, filed May 22, 2012	1208, V7
CERTIFICATE OF SERVICE (Motion to Withdraw as Counsel filed by Luker on December 20, 2010 and Order Granting Withdrawal of Attorney filed December 21, 2010 to Claimant), filed May 22, 2012	1211, V7
CLAIMANT’S MOTION FOR CLARIFICATION, Dated May 22, 2012, (handwritten – 2 pages), filed May 22, 2012	1212, V7
CLAIMANT’S MOTION FOR ALL DOCUMENTS AND THINGS, Dated May 22, 2012, (handwritten – 2 pages), filed May 22, 2012.....	1214, V7

CERTIFICATE OF SERVICE (Claimants Motion for Approval of Extension of Time filed May 14, 2012; Claimant’s Motion for All Documents and Things, filed May 22, 2012; Claimant’s Motion for Clarification, filed May 22, 2012), filed May 22, 2012.....	1216, V7
DEFENDANTS’ RESPONSE TO CLAIMANT’S MOTIONS FILED MAY 22, 2012, filed May 23, 2012	1217, V7
NOTICE OF APPEAL, filed June 1, 2012, hard copy filed June 8, 2012	1220, V7
CERTIFICATE OF SERVICE (Claimant’s Notice of Appeal), filed June 4, 2012.....	1233, V7
CERTIFICATE OF APPEAL, dated June 4, 2012	1234, V7
CERTIFICATION, dated June 4, 2012	1236, V7
CERTIFICATE OF APPEAL, dated June 7, 2012	1237, V7
CLAIMANT’S THIRD MOTION FOR COMMISSION TO HAVE LYNN LUKER SEND CLAIMANT CLAIMANT’S FULLY SIGNED CONTRACT, (typed – 2 pages), filed June 6, 2012	1239, V7
CERTIFICATE OF SERVICE (Claimant’s Third Motion filed June 6, 2012), filed June 7, 2012	1241, V7
ORDER TO SHORTEN TIME, filed June 7, 2012	1242, V7
ORDER DENYING CLAIMANT’S MOTION FOR DOCUMENTS, filed June 7, 2012.....	1244, V7
LUKER’S ATTORNEY’S RESPONSE TO REQUEST FOR CONTRACT, filed June 8, 2012	1246, V7
SUPREME COURT ORDER CONDITIONALLY DISMISSING APPEAL, Dated June 7, 2012	1249, V7
CLAIMANT’S REQUEST OF DOCUMENTS SENT TO COMMISSION BY CLAIMANT’S ATTORNEY, Dated June 11, 2012, (typed – 2 pages), filed June 11, 2012	1250, V7
CLAIMANT’S REQUEST OF DOCUMENTS SENT TO COMMISSION BY CLAIMANT’S ATTORNEY REVISED VERSION, Dated June 11, 2012, (typed – 2 pages), filed June 11, 2012.....	1252, V7
CERTIFICATE OF SERVICE (Claimant Request of Documents filed June 11, 2012; Claimant’s Request of Documents revised version filed June 11, 2012), filed June 11, 2012	1254, V7
CERTIFICATE OF SERVICE (Attorney’s Lien and Motion for Approval of Lien filed December 27, 2010; and Affidavit of Lynn M Luker in Support of Attorney’s Lien and Motion for Approval filed December 27, 2010 to Claimant), filed June 11, 2012	1255, V7

CLAIMANT’S SECOND REQUEST FOR EXTENSION OF TIME TO RESPOND TO ATTORNEYS LIEN, Dated June 12, 2012, (typed – 2 pages), filed June 12, 2012	1256, V7
CERTIFICATE OF SERVICE (Claimant’s Second Request for Extension filed June 12, 2012), filed June 12, 2012.....	1258, V7
CLAIMANT’S MOTION FOR COMMISSION TO SEND CLAIMANTS DISMISSAL OF CLAIMANT CLAIM BEFORE JANUARY 5, 2010, (handwritten – 3 pages), filed June 12, 2012	1259, V7
CERTIFICATE OF SERVICE (Claimant’s Motion for Commission to send dismissal filed June 12, 2012), filed June 13, 2012.....	1262, V7
CLAIMANT’S MOTION FOR RECONSIDERATION ON DENYING CLAIMANT’S MOTION FOR DOCUMENTS FILED JUNE 7, 2012, (handwritten – 2 pages), filed June 13, 2012	1263, V7
CERTIFICATE OF SERVICE (Claimant’s Motion for Reconsideration filed June 13, 2012), filed June 13, 2012	1265, V7
ORDER GRANTING EXTENSION OF TIME, filed June 13, 2012.....	1266, V7
CLAIMANT’S MOTION TO AMEND MOTION FOR RECONSIDERATION FILED JUNE 13, 2012, Dated June 13, 2012, (handwritten – 1 page), filed June 13, 2012.....	1268, V7
CERTIFICATE OF SERVICE (Claimant’s Motion to Amend Motion for Reconsideration filed June 13, 2012), filed June 13, 2012.....	1269, V7
CLAIMANT’S MOTION TO INCLUDE IN CLAIMANT APPEAL TO THE IDAHO STATE COURT OF APPEAL, Dated June 13, 2012, (handwritten – 2 pages), filed June 13, 2012	1270, V7
CERTIFICATE OF SERVICE (Claimant’s Motion to Include filed June 13, 2012), filed June 13, 2012	1272, V7
CLAIMANT’S MOTION CLAIMANT’S APPEAL BEFORE THE COMMISSION IS TO INCLUDE ALL LYNN M LUKERS FILING FOR ATTORNEY WITHDRAW AND FOR ATTORNEY LIEN, Dated June 13, 2012, (handwritten – 1 page), filed June 13, 2012	1273, V7
CERTIFICATE OF SERVICE (Claimant’s Motion regarding Appeal filed June 13, 2012), filed June 13, 2012	1274, V7
DEFENDANTS’ REQUEST FOR ADDITIONAL RECORDS, filed June 13, 2012.....	1275, V7
CLAIMANT’S MOTION TO INCLUDE IN FILING TO THE COURT OF APPEAL, Dated June 14, 2012, (handwritten – 2 pages), filed June 14, 2012.....	1280, V7
CLAIMANT’S MOTION TO ADD ALL RECORD OF FILING BEFORE CLAIMANTS HEARING NOVEMBER 18, 2008 AND AFTER HEARING, Dated June 14, 2012, (handwritten – 3 pages), filed June 14, 2012.....	1282, V7

CLAIMAINT'S MOTION FOR MEDIATION WITH LYNN LUKER, Dated June 14, 2012, (handwritten – 1 page), filed June 14, 2012.....	1285, V7
CERTIFICATE OF SERVICE (Claimant's Motion for Mediation filed June 14, 2012), filed June 14, 2012	1286, V7
CERTIFICATE OF SERVICE (Claimant's Motion to Include and Motion to Add, filed June 14, 2012), filed June 14, 2012.....	1287, V7
ORDER GRANTING WAIVER OF FEES, filed June 14, 2012.....	1288, V7
CERTIFICATION ON FILING FEES, Dated June 14, 2012	1290, V7
CERTIFICATE OF SERVICE (Claimant's Requests for additional records filed June 14, 2012), filed June 15, 2012.....	1291, V7
CLAIMANT'S MOTION FOR RECONSIDERATION ON DENYING CLAIMANT'S MOTION ON JUNE 7, 2012 FOR FINAL REVIEW OF ALL RECORDS FROM STATE FUND, (handwritten – 2 pages), filed June 15, 2012.....	1292, V7
CERTIFICATE OF SERVICE (Claimant's Motion for Reconsideration filed June 15, 2012), filed June 18, 2012	1294, V7
CLAIMANT'S REQUEST FOR APPLICATION, Dated June 18, 2012, (handwritten – 1 page), filed June 18, 2012.....	1295, V7
CERTIFICATE OF SERVICE (Claimant's Request for Application filed June 18, 2012), filed June 19, 2012	1296, V7
ORDER DENYING APPELLANT'S REQUESTS FOR ADDITIONAL RECORDS PURSUANT TO I.A.R. 19, filed June 19, 2012	1297, V7
SUPREME COURT ORDER ADOPTING INDUSTRIAL COMMISSION FOR WAIVER OF FILING FEE, Dated June 19, 2012.....	1300, V7
INDUSTRIAL COMMISSION LETTER TO CLAIMANT, Dated June 22, 2012.....	1301, V7
CLAIMANT'S MOTION TO AMEND APPEAL TO ADD FOR REQUEST FOR ADDITIONAL RECORDS, (typed – 3 pages), filed June 22, 2012.....	1302, V7
CERTIFICATE OF SERVICE (Claimant's Motion to Amend Appeal filed June 22, 2012), filed June 26, 2012	1305, V7
CLAIMANT'S MOTION TO SET ASIDE ATTORNEY LIEN UNTIL FINAL DECISION OF THE STATE APPELLATE COURT, Dated June 26, 2012, (typed – 3 pages), Filed June 26, 2012.....	1306, V7
DEFENDANTS' LETTER TO CLAIMANT, Dated June 26, 2012.....	1309, V7

CLAIMANT’S MOTION TO AMEND MOTION TO SET ASIDE ATTORNEY LIEN UNTIL FINAL DECISION OF THE STATE APPELLATE COURT, Dated June 27, 2012, (typed – 3 pages), filed June 27, 2012.....	1310, V7
CERTIFICATE OF SERVICE (Claimant’s Motion to Set Aside Attorney Lien filed June 26, 2012 and Motion to Amend Motion to Set Aside Attorney Lien filed June 27, 2012), filed June 27, 2012.....	1313, V7
ORDER DENYING APPELLANT’S MOTION TO AMEND APPEAL TO ADD RECORDS, Filed June 27, 2012.....	1314, V7
ORDER DENYING RECONSIDERATION, filed June 28, 2012.....	1316, V7
ORDER DENYING CLAIMANT’S MOTION TO SET ASIDE, filed June 28, 2012.....	1318, V7
INDUSTRIAL COMMISSION LETTER TO CLAIMANT, Dated June 29, 2012.....	1320, V7
INDUSTRIAL COMMISSION LETTER TO CLAIMANT, Dated July 5, 2012.....	1321, V7

VOLUME 8

CLAIMANT’S MOTION FOR NEW HEARING BASED ON NEW FINDINGS OF FACTS, (typed - 14 pages), filed July 5, 2012.....	1322, V8
CERTIFICATE OF SERVICE (Claimant’s Motion for New Hearing), filed July 5, 2012.....	1336, V8
CLAIMANT’S BRIEF ON MOTION TO DENY ATTORNEY’S LIEN, (typed – 25 pages) filed July 9, 2012.....	1337, V8
CERTIFICATE OF SERVICE (Claimant’s Brief), filed July 9, 2012.....	1362, V8
ORDER ON DISMISSING APPELLANT’S MOTION FOR NEW HEARING, filed July 10, 2012.....	1363, V8
ORDER DENYING APPELLANT’S MOTION FOR MEDIATION, filed July 10, 2012.....	1365, V8
ORDER GRANTING ATTORNEY FEES, filed July 10, 2012.....	1367, V8
CERTIFICATE OF SERVICE (Documents on Claimant), filed July 10, 2012.....	1371, V8
CLAIMANT’S MOTION CLARIFICATION OF RULE 14 ATTORNEY WITHDRAW (2 Questions), (typed – 2 pages), filed July 13, 2012.....	1375, V8
CLAIMANT’S MOTION CLARIFICATION OF RULE 14 ATTORNEY WITHDRAW (3 Questions), (typed – 2 pages), filed July 13, 2012.....	1377, V8
CERTIFICATE OF SERVICE (Claimant’s Motions Re Clarification), filed July 13, 2012.....	1379, V8
CLAIMANT’S NOTICE OF AMENDING APPEAL TO INCLUDE GRANTED ATTORNEY FEE, (typed – 10 pages), filed July 13, 2012.....	1380, V8

CERTIFICATE OF SERVICE (Claimant’s Notice Amending Appeal), filed July 13, 2012..... 1390, V8
CERTIFICATION, dated July 16, 2012..... 1391, V8
CERTIFICATION OF RECORD, dated July 18, 2012 1392, V8
NOTICE OF COMPLETION, dated July 18, 2012 1393, V8

INDEX

AFFIDAVIT OF LYNN M LUKER CONFIRMING SERVICE OF COMMISSION ORDER GRANTING WITHDRAWAL OF ATTORNEY, filed December 27, 2010.....	907, V5
AFFIDAVIT OF LYNN M. LUKER IN SUPPORT OF ATTORNEY'S LIEN AND MOTION FOR APPROVAL, Filed December 27, 2010.....	912, V5
AFFIDAVIT OF LYNN M LUKER IN SUPPORT OF MOTION TO WITHDRAW AS COUNSEL, filed December 20, 2010.....	886, V5
AMENDED CERTIFICATE OF SERVICE (Claimant's documents/motions filed January 18 & 19, 2011), filed January 20, 2011.....	972, V6
AMENDED CERTIFICATE OF SERVICE (Correct Fax Number), (Claimants filings of May 11, 2012; May 14, 2012; May 18, 2012; May 21, 2012; May 22, 2012), filed May 22, 2012,	1205, V7
AMENDED CERTIFICATE OF SERVICE OF WORKERS' COMPENSATION COMPLAINT, filed July 11, 2008.....	5, V1
AMENDED NOTICE OF TELEPHONE CONFERENCE, filed March 3, 2009.....	407, V3
ANOTHER CERTIFICATE OF SERVICE (Claimant's document filed August 18, 2009), filed August 18, 2009	611, V4
ANOTHER ORDER, filed February 17, 2009.....	302, V2
ANSWER TO COMPLAINT, filed July 28, 2008.....	7, V1
ATTORNEY'S LIEN AND MOTION FOR APPROVAL OF LIEN (Luker), filed December 27, 2010	910, V5
CERTIFICATE OF APPEAL, dated June 4, 2012	1234, V7
CERTIFICATE OF APPEAL, dated June 7, 2012	1237, V7
CERTIFICATE OF SERVICE (Claimant's 2 letters filed August 5, 2008), filed August 5, 2008	9, V1
CERTIFICATE OF SERVICE (Order on Calendaring), filed August 22, 2008.....	23, V1
CERTIFICATE OF SERVICE (Claimant's Letters and Discovery), filed September 10, 2008	86, V1
CERTIFICATE OF SERVICE (Claimant's Letter Requesting Continuance), filed October 16, 2008.....	167, V1
CERTIFICATE OF SERVICE (Claimant's Request for Dismissal of complaint), filed October 17, 2008.....	170, V1
CERTIFICATE OF SERVICE (Claimant's Faxed Letter), filed November 4, 2008	178, V1

CERTIFICATE OF SERVICE (Claimant's Letters (18 pages) filed December 3, 2008), filed December 4, 2008	199, V1
CERTIFICATE OF SERVICE (Claimant's letter filed December 4, 2008), filed December 4, 2008	203, V2
CERTIFICATE OF SERVICE (Claimant's letters faxed/filed December 29, 2008), filed December 31, 2008	210, V2
CERTIFICATE OF SERVICE (Claimant's letter dated January 12, 2009), filed January 13, 2009	224, V2
CERTIFICATE OF SERVICE (Claimant's Motion to Revise Show Cause Hearing with attachments), filed January 15, 2009	229, V2
CERTIFICATE OF SERVICE (Claimant's letters filed January 20, 2009), filed January 21, 2009	242, V2
CERTIFICATE OF SERVICE (Claimant's letter filed January 22, 2009), filed January 22, 2009	244, V2
CERTIFICATE OF SERVICE (Claimant's Memorandum in Support of Motion to Compel), filed January 26, 2009	262, V2
CERTIFICATE OF SERVICE (Claimant's document filed February 6, 2009), filed February 10, 2009	281, V2
CERTIFICATE OF SERVICE (Claimant's documents filed February 9, 2009), filed February 10, 2009	282, V2
CERTIFICATE OF SERVICE (Claimant's document filed February 12, 2009), filed February 12, 2009	287, V2
CERTIFICATE OF SERVICE (Claimant's document filed February 12, 2009), filed February 13, 2009	290, V2
CERTIFICATE OF SERVICE (Claimant's documents filed February 13 and 17, 2009), filed February 17, 2009	299, V2
CERTIFICATE OF SERVICE (Claimant's another document filed February 17, 2009), filed February 17, 2009	301, V2
CERTIFICATE OF SERVICE (Claimant's documents filed February 20, 2009), filed February 23, 2009	332, V2
CERTIFICATE OF SERVICE (Claimant's documents filed February 27, 2009), filed February 27, 2009	367, V2
CERTIFICATE OF SERVICE (Claimant's documents filed March 2, 2009), filed March 2, 2009.....	396, V2

CERTIFICATE OF SERVICE (Claimant’s document filed April 27, 2009), filed April 27, 2009.....	415, V3
CERTIFICATE OF SERVICE (Claimant’s documents filed June 2, 2009), filed June 2, 2009	457, V3
CERTIFICATE OF SERVICE (Claimant’s document filed June 5, 2009), filed June 5, 2009	465, V3
CERTIFICATE OF SERVICE (Claimant’s document filed June 15, 2009), filed June 15, 2009	517, V3
CERTIFICATE OF SERVICE (Additional Claimant’s document filed June 15, 2009), filed June 15, 2009	519, V3
CERTIFICATE OF SERVICE (Claimant’s Motion to Reconsider filed June 23, 2009), Dated June 24, 2009	524, V3
CERTIFICATE OF SERVICE (Claimant’s documents filed July 14, 2009), filed July 14, 2009	538, V3
CERTIFICATE OF SERVICE (Claimant’s documents filed July 27, 2009), filed July 27, 2009	551, V3
CERTIFICATE OF SERVICE (Claimant’s Motion to Reconsider filed August 3, 2009), filed August 4, 2009	573, V3
CERTIFICATE OF SERVICE (Claimant’s Motion to Order Continue Medical Treatment filed August 3, 2009), filed August 4, 2009	574, V3
CERTIFICATE OF SERVICE (Claimant’s Amended Complaint filed August 4, 2009), filed August 4, 2009	595, V3
CERTIFICATE OF SERVICE (Claimant’s Documents filed August 4, 2009), filed August 5, 2009	600, V4
CERTIFICATE OF SERVICE (Claimant’s documents filed August 5, 2009), filed August 5, 2009	605, V4
CERTIFICATE OF SERVICE (Claimant’s document filed August 5, 2009), filed August 6, 2009	609, V4
CERTIFICATE OF SERVICE (Claimant’s document filed August 18, 2009), filed August 18, 2009	613, V4
CERTIFICATE OF SERVICE (Claimant’s document filed August 21, 2009), filed August 21, 2009	615, V4
CERTIFICATE OF SERVICE (Claimant’s document filed August 24, 2009), filed August 25, 2009	617, V4

CERTIFICATE OF SERVICE (Claimant’s Document filed August 31, 2009), filed August 31, 2009	660, V4
CERTIFICATE OF SERVICE (Claimant’s document filed September 1, 2009), filed September 1, 2009.....	668, V4
CERTIFICATE OF SERVICE (Claimant’s documents filed September 8, 2009), filed September 8, 2009.....	679, V4
CERTIFICATE OF SERVICE (Claimant’s legal file), filed October 2, 2009.....	680, V4
CERTIFICATE OF SERVICE (Claimant’s letter regarding evidence and exhibits, filed November 6, 2009), filed November 10, 2009	684, V4
CERTIFICATE OF SERVICE (Claimant’s general motion regarding forwarding the reconsideration to a court of appeal, filed November 12, 2009), filed November 12, 2009	687, V4
CERTIFICATE OF SERVICE (Claimant’s general motion to continue transportation, filed November 12, 2009) filed November 13, 2009.....	692, V4
CERTIFICATE OF SERVICE (Claimant’s addition to the motion to continue transportation, filed November 13, 2009), filed November 13, 2009	694, V4
CERTIFICATE OF SERVICE (Claimant’s general motion for documents and things, filed November 13, 2009), filed November 16, 2009.....	699, V4
CERTIFICATE OF SERVICE (Claimant’s compliance with signing medical releases, filed November 16, 2009), filed November 16, 2009	703, V4
CERTIFICATE OF SERVICE (Claimant’s letter regarding psychiatric evaluation, filed November 17, 2009), filed November 18, 2009	706, V4
CERTIFICATE OF SERVICE (Claimant’s document filed November 19, 2009), filed November 24, 2009	716, V4
CERTIFICATE OF SERVICE (Claimant’s document filed December 28, 2009), filed December 29, 2009.....	726, V4
CERTIFICATE OF SERVICE (Notice of Cancelling Telephone Conference filed March 11, 2010), filed March 17, 2010.....	744, V4
CERTIFICATE OF SERVICE (Claimant’s legal file and exhibits from Attorney Luker for Claimant), filed December 22, 2010.....	904, V5
CERTIFICATE OF SERVICE (Hearing transcript to Hull), filed December 22, 2010	905, V5
CERTIFICATE OF SERVICE (Hearing transcript to Claimant, pro se), filed December 22, 2010	906, V5
CERTIFICATE OF SERVICE (Claimant’s Motion for Extended Time filed December 27, 2010), filed December 27, 2010	920, V5

CERTIFICATE OF SERVICE (Claimant’s Motions and Documents filed January 5, 2011), filed January 6, 2011	939, V5
CERTIFICATE OF SERVICE (Claimant’s Motion filed January 12, 2011), filed January 13, 2011	955, V5
CERTIFICATE OF SERVICE (Claimant’s document/motions filed January 18, 2011), filed January 20, 2011	966, V5
CERTIFICATE OF SERVICE (Claimant’s document/motion filed January 20, 2011), filed January 21, 2011	973, V6
CERTIFICATE OF SERVICE (Claimant’s document/motion filed January 25, 2011), filed January 26, 2011	988, V6
CERTIFICATE OF SERVICE (Claimant’s document/motions filed January 31, 2011), filed January 31, 2011	997, V6
CERTIFICATE OF SERVICE (Commission’s Judicial Rules of Practice and Procedure and IC 1002 Form – Complaint Against ISIF to Claimant), filed February 2, 2011.....	998, V6
CERTIFICATE OF SERVICE (Defendants letter filed February 2, 2011, Defendants’ letter with Notice of Depositions filed February 7, 2011 re Craig Beaver, Ph.D., Doug Crum, CDMS, and Dr. Richard Wilson), filed February 8, 2011.....	1014, V6
CERTIFICATE OF SERVICE (Claimant’s documents filed February 10, 2011), filed February 10, 2011	1016, V6
CERTIFICATE OF SERVICE (Claimant’s document (69 pages) filed February 17, 2011), filed February 18, 2011	1018, V6
CERTIFICATE OF SERVICE (Claimant’s document filed March 4, 2011 and hard copy filed March 7, 2011), filed March 7, 2011	1027, V6
CERTIFICATE OF SERVICE (Defendants’ letter faxed/filed March 7, 2011), filed March 8, 2011	1033, V6
CERTIFICATE OF SERVICE (Defendants’ Response to Claimant’s Document filed March 4, 2011, regarding post-hearing deposition of Sandy Baskett), filed March 9, 2011.....	1038, V6
CERTIFICATE OF SERVICE (Claimant’s document filed March 30, 2011), filed March 30, 2011	1042, V6
CERTIFICATE OF SERVICE (Claimant’s Brief filed March 21, 2011), filed April 1, 2011	1043, V6
CERTIFICATE OF SERVICE (Claimant’s Amended Brief filed April 1, 2011), filed April 5, 2011	1044, V6

CERTIFICATE OF SERVICE (Defendants' Post-Hearing Brief filed May 13, 2011 to Claimant), filed May 18, 2011	1045, V6
CERTIFICATE OF SERVICE (Claimant's Briefs (total 86 pages) filed May 27 and 31, 2011), filed June 2, 2011	1047, V6
CERTIFICATE OF SERVICE (Claimant's letter requesting telephone conference filed February 3, 2012), filed February 6, 2012.....	1070, V6
CERTIFICATE OF SERVICE (Claimant's letter filed February 27, 2012), filed March 1, 2012	1073, V6
CERTIFICATE OF SERVICE ON DEFENDANTS (Claimants filings of May 11, 2012; May 14, 2012; May 18, 2012; May 21, 2012; May 22, 2012), filed May 22, 2012.....	1201, V7
CERTIFICATE OF SERVICE ON LUKER (Claimants filings of May 11, 2012; May 14, 2012; May 18, 2012; May 21, 2012; May 22, 2012), filed May 22, 2012.....	1203, V7
CERTIFICATE OF SERVICE (Claimants Motion for Approval of Extension of Time filed May 14, 2012; Claimant's Motion for All Documents and Things, filed May 22, 2012; Claimant's Motion for Clarification, filed May 22, 2012), filed May 22, 2012.....	1216, V7
CERTIFICATE OF SERVICE (Claimant's Request for copy of Luker's Order to Withdraw on December 27, 2010, Notice of Claim Status from State Insurance Fund), filed May 22, 2012	1207, V7
CERTIFICATE OF SERVICE (Motion to Withdraw as Counsel filed by Luker on December 20, 2010 and Order Granting Withdrawal of Attorney filed December 21, 2010 to Claimant), filed May 22, 2012	1211, V7
CERTIFICATE OF SERVICE (Claimant's Notice of Appeal), filed June 4, 2012.....	1233, V7
CERTIFICATE OF SERVICE (Claimant's Third Motion filed June 6, 2012), filed June 7, 2012	1241, V7
CERTIFICATE OF SERVICE (Claimant Request of Documents filed June 11, 2012; Claimant's Request of Documents revised version filed June 11, 2012), filed June 11, 2012	1254, V7
CERTIFICATE OF SERVICE (Attorney's Lien and Motion for Approval of Lien filed December 27, 2010; and Affidavit of Lynn M Luker in Support of Attorney's Lien and Motion for Approval filed December 27, 2010 to Claimant), filed June 11, 2012	1255, V7
CERTIFICATE OF SERVICE (Claimant's Second Request for Extension filed June 12, 2012), filed June 12, 2012.....	1258, V7
CERTIFICATE OF SERVICE (Claimant's Motion for Commission to send dismissal filed June 12, 2012), filed June 13, 2012.....	1262, V7
CERTIFICATE OF SERVICE (Claimant's Motion for Reconsideration filed June 13, 2012), filed June 13, 2012	1265, V7

CERTIFICATE OF SERVICE (Claimant’s Motion to Amend Motion for Reconsideration filed June 13, 2012), filed June 13, 2012.....	1269, V7
CERTIFICATE OF SERVICE (Claimant’s Motion regarding Appeal filed June 13, 2012), filed June 13, 2012	1274, V7
CERTIFICATE OF SERVICE (Claimant’s Motion to Include filed June 13, 2012), filed June 13, 2012	1272, V7
CERTIFICATE OF SERVICE (Claimant’s Motion for Mediation filed June 14, 2012), filed June 14, 2012	1286, V7
CERTIFICATE OF SERVICE (Claimant’s Motion to Include and Motion to Add, filed June 14, 2012), filed June 14, 2012.....	1287, V7
CERTIFICATE OF SERVICE (Claimant’s Requests for additional records filed June 14, 2012), filed June 15, 2012.....	1291, V7
CERTIFICATE OF SERVICE (Claimant’s Motion for Reconsideration filed June 15, 2012), filed June 18, 2012	1294, V7
CERTIFICATE OF SERVICE (Claimant’s Request for Application filed June 18, 2012), filed June 19, 2012	1296, V7
CERTIFICATE OF SERVICE (Claimant’s Motion to Amend Appeal filed June 22, 2012), filed June 26, 2012	1305, V7
CERTIFICATE OF SERVICE (Claimant’s Motion to Set Aside Attorney Lien filed June 26, 2012 and Motion to Amend Motion to Set Aside Attorney Lien filed June 27, 2012), filed June 27, 2012.....	1313, V7
CERTIFICATE OF SERVICE (Claimant’s Motion for New Hearing), filed July 5, 2012.....	1336, V8
CERTIFICATE OF SERVICE (Claimant’s Brief), filed July 9, 2012.....	1362, V8
CERTIFICATE OF SERVICE (Documents on Claimant), filed July 10, 2012.....	1371, V8
CERTIFICATE OF SERVICE (Claimant’s Motions Re Clarification), filed July 13, 2012	1379, V8
CERTIFICATE OF SERVICE (Claimant’s Notice Amending Appeal), filed July 13, 2012.....	1390, V8
CERTIFICATE OF SERVICE OF WORKERS’ COMPENSATION COMPLAINT, filed July 9, 2008	4, V1
CERTIFICATION, dated June 4, 2012	1236, V7
CERTIFICATION, dated July 16, 2012.....	1391, V8
CERTIFICATION OF RECORD, dated July 18, 2012	1392, V8

CERTIFICATION ON FILING FEES, Dated June 14, 2012	1290, V7
CLAIMANT’S 9 TH CONTINUATION OF DOCUMENTS AND THING (Exhibits for Deposition on February 24, 2011 and March 2, 2011 – <i>listed with and included in Exhibits</i>), Dated February 17, 2011, (handwritten – 1 page), filed February 17, 2011	1017, V6
CLAIMANT’S ADDITION TO MOTION TO GET CONTINUED TRANSPORTATION, (handwritten – 1 page), filed November 13, 2009.....	693, V4
CLAIMANT’S ADDITIONS TO REQUEST FOR MORE TIME, Dated May 11, 2012, (handwritten – 2 pages with attachments), filed May 14, 2012.....	1189, V7
CLAIMANT’S (AMENDED) WORKERS’ COMPENSATION COMPLAINT (20 pages), filed August 4, 2009	575, V3
CLAIMANT’S ANSWER TO ANSWER TO COMPLAINT, Dated August 1, 2008, (handwritten – 2 pages), filed August 5, 2008	10, V1
CLAIMANT’S BRIEF ON MOTION TO DENY ATTORNEY’S LIEN, (typed – 25 pages), filed July 9, 2012	1337, V8
CLAIMANT’S CONTINUATION OF MEDICAL RECORDS FOR CONSIDERATION ON CLAIMANT’S CLAIM OF APRIL 17, 2008, Dated March 29, 2011, (handwritten – 1 page with attachments listed with and included Exhibits), filed March 29, 2011	1041, V6
CLAIMANT’S COVER PAGE AND REQUEST TO ADD WITNESS, Dated August 8, 2009, (handwritten – 2 pages), filed September 8, 2009	669, V4
CLAIMANT’S DOCUMENTS, (14 pages) filed February 9, 2009	267, V2
CLAIMANT’S DOCUMENTS, filed March 2, 2009	379, V2
• Request for Subpoenas, dated February 28, 2009, (handwritten – 3 pages with attachments)	
• Objection to Defendant’s Witness List, dated February 28, 2009, (handwritten – 2 pages)	
CLAIMANT’S DOCUMENTS, filed February 20, 2012	304, V2
• Re West Valley Medical Center Authorization for Release, Dated February 18, 2009, (handwritten – 1 page with attached original miscellaneous Authorizations)	
• Response to Defendants’ Interrogatories to Claimant, Dated February 18, 2009, (handwritten – 6 pages)	
• Response to Defendants’ Request for Production of Documents and Things, Dated February 18, 2009, (handwritten – 3 pages)	
CLAIMANT’S DOCUMENT, Dated May 21, 2012, (handwritten – 4 pages), filed May 21, 2012	1194, V7
CLAIMANT’S EVIDENCE AND EXHIBITS with PHOTOS, Dated November 3, 2009, (handwritten – 1 page with 2 photos), filed November 6, 2009	681, V4

CLAIMANT’S FILING OF NOTICE OF CLAIM STATUS FROM STATE INSURANCE FUND, dated May 17, 2012, filed May 22, 2012.....	1200, V7
CLAIMANT’S FILING OF SOCIAL SECURITY ADMINISTRATION DECISION, 1 page, filed May 21, 2012.....	1199, V7
CLAIMANT’S LETTER PAGE 3 OF 3, (handwritten – 1 page), filed June 15, 2009	518, V3
CLAIMANT’S LETTER RE REQUEST FOR MEDIATION HEARING, Dated January 19, 2009, (handwritten – 1 page), filed January 20, 2009	241, V2
CLAIMANT’S LETTER REGARDING INABILITY TO RESPOND, Dated February 16, 2008, (handwritten – 1 page), filed February 17, 2009	300, V2
CLAIMANT’S LETTER REGARDING VIOLATION OF RULES BY STATE FUND, Dated January 17, 2009, (handwritten – 3 pages), filed January 20, 2009.....	233, V2
CLAIMANT’S LETTER REQUESTING EXTENSION OF TIME TO RESPOND, Dated February 12, 2009, (handwritten – 2 pages), filed February 12, 2009	288, V2
CLAIMANT’S LETTER REQUESTING REILING OF COMPLAINT, Dated January 16, 2009, (handwritten – 1 page), filed January 20, 2009	232, V2
CLAIMANT’S LETTER REQUESTING TO REVISE SHOW CAUSE HEARING, Dated January 15, 2009, (handwritten – 1 page w/attachment), filed January 20, 2009	230, V2
CLAIMANT’S LETTER TO DEFENDANTS REGARDING OFFER OF SETTLEMENT, Dated January 18, 2009, (handwritten – 5 pages), filed January 20, 2009	236, V2
CLAIMANT’S LETTER TO DEFENDANTS REGARDING PHONE CONVERSATION OF FEBRUARY 13, 2009, Dated February 13, 2009, (handwritten – 2 pages), Filed February 13, 2009	295, V2
CLAIMANT’S LETTER TO DEFENDANTS REGARDING PHONE CONVERSATION OF FEBRUARY 13, 2009, Dated February 13, 2009, (handwritten – 2 pages), filed February 17, 2009.....	297, V2
CLAIMANT’S LETTER TO DEFENDANTS’ REGARDING SETTLEMENT, Dated July 27, 2009, (handwritten – 11 pages), filed July 27, 2009	539, V3
CLAIMANT’S LETTER TO DEFENDANTS REQUESTING COPIES OF MEDICAL PROVIDER, Dated February 6, 2009, (handwritten – 1 page), filed February 6, 2009	266, V2
CLAIMANT’S LETTER TO DEFENDANTS REQUESTING DOCUMENT AND MEDICAL RELEASES, Dated February 12, 2008, (handwritten – 1 page), filed February 12, 2009.....	286, V2
CLAIMANT’S LETTER TO MS. OWEN, Dated August 18, 2009, (handwritten – 1 page), Filed August 18, 2009	610, V4

CLAIMANT’S LETTER TO MS. OWEN, Dated August 21, 2009, (handwritten – 1 page), Filed August 21, 2009	614, V4
CLAIMANT’S LETTER TO MS. OWEN REGARDING ADDITIONAL WITNESS, (handwritten – 1 page), filed August 24, 2009	616, V4
CLAIMANT’S LETTER TO MS. OWEN REGARDING PSYCHIATRIC EVALUATION, Dated November 17, 2009, (handwritten – 2 pages), filed November 17, 2009	704, V4
CLAIMANT’S LETTER TO MS. OWENS REQUESTING MEDICAL RECORDS, Dated January 12, 2009, (handwritten – 1 page), filed January 12, 2009	222, V2
CLAIMANT’S LETTER TO REFEREE DATED APRIL 26, 2009, (handwritten – 5 pages), filed April 27, 2009	410, V3
CLAIMANT’S LETTER WITHDRAWING PROPOSED SETTLEMENT, Dated January 22, 2009, (handwritten – 1 page), filed January 22, 2009	243, V2
CLAIMANT’S LETTERS, filed June 15, 2009.....	510, V3
• To Commission, (handwritten – 5 pages)	
• To Defendants, dated June 15, 2009, (handwritten – 2 of 3 pages)	
CLAIMANT’S MEMORANDUM IN SUPPORT OF MOTION TO COMPEL, (handwritten – 15 pages), filed January 26, 2009.....	247, V2
CLAIMANT’S MOTION CLAIMANT’S APPEAL BEFORE THE COMMISSION IS TO INCLUDE ALL LYNN M LUKERS FILING FOR ATTORNEY WITHDRAW AND FOR ATTORNEY LIEN, Dated June 13, 2012, (handwritten – 1 page), filed June 13, 2012	1273, V7
CLAIMANT’S MOTION CLARIFICATION OF RULE 14 ATTORNEY WITHDRAW (2 Questions), (typed – 2 pages), filed July 13, 2012.....	1375, V8
CLAIMANT’S MOTION CLARIFICATION OF RULE 14 ATTORNEY WITHDRAW (3 Questions), (typed – 2 pages), filed July 13, 2012.....	1377, V8
CLAIMANT’S MOTION FOR ALL DOCUMENTS AND THINGS, Dated May 22, 2012, (handwritten – 2 pages), filed May 22, 2012.....	1214, V7
CLAIMANT’S MOTION FOR APPROVAL OF EXTENSION OF TIME SO CLAIMANT CAN PROPERLY ADDRESS COMMISSION ORDER, (typed – 2 pages), filed May 14, 2012	1187, V7
CLAIMANT’S MOTION FOR CLARIFICATION, Dated May 22, 2012, (handwritten – 2 pages), filed May 22, 2012	1212, V7
CLAIMANT’S MOTION FOR COMMISSION TO SEND CLAIMANTS DISMISSAL OF CLAIMANT CLAIM BEFORE JANUARY 5, 2010, (handwritten – 3 pages), filed June 12, 2012	1259, V7

CLAIMANT'S MOTION FOR DOCUMENTS AND THINGS, (handwritten – 1 page), filed November 13, 2009	698, V4
CLAIMANT'S MOTION FOR EXTENDED TIME, Dated May 11, 2012, (handwritten – 1 page), filed May 11, 2012.....	1186, V7
CLAIMANT'S MOTION FOR EXTENDED TIME TO SEE NEW COUNSEL, (handwritten – 3 pages), filed December 27, 2010.....	917, V5
CLAIMANT'S MOTION FOR INDUSTRIAL COMMISSION TO FORWARD COMPLAINT TO THE COURT OF APPEAL FOR RECONSIDERATION, Dated November 10, 2009, (handwritten – 2 pages), filed November 10, 2009	685, V4
CLAIMANT'S MOTION FOR MEDIATION WITH LYNN LUKER, Dated June 14, 2012, (handwritten – 1 page), filed June 14, 2012.....	1285, V7
CLAIMANT'S MOTION FOR NEW HEARING BASED ON NEW FINDINGS OF FACTS, (typed - 14 pages), filed July 5, 2012.....	1322, V8
CLAIMANT'S MOTION FOR RECONSIDERATION, Dated March 4, 2011, (handwritten – 4 pages, faxed and hard copy), filed March 4, 2011	1019, V6
CLAIMANT'S MOTION FOR RECONSIDERATION ON DENYING CLAIMANT'S MOTION FOR DOCUMENTS FILED JUNE 7, 2012, (handwritten – 2 pages), filed June 13, 2012	1263, V7
CLAIMANT'S MOTION FOR RECONSIDERATION ON DENYING CLAIMANT'S MOTION ON JUNE 7, 2012 FOR FINAL REVIEW OF ALL RECORDS FROM STATE FUND, (handwritten – 2 pages), filed June 15, 2012.....	1292, V7
CLAIMANT'S MOTION REQUEST FOR NEW HEARING AND TRANSPORTATION, (handwritten – 6 pages), filed January 12, 2011.....	949, V5
CLAIMANT'S MOTION REQUESTING MEDIATION, Dated January 5, 2011, (handwritten – 1 page), filed January 5, 2011	938, V5
CLAIMANT'S MOTION TO ADD ALL RECORD OF FILING BEFORE CLAIMANTS HEARING NOVEMBER 18, 2008 AND AFTER HEARING, Dated June 14, 2012, (handwritten – 3 pages), filed June 14, 2012.....	1282, V7
CLAIMANT'S MOTION TO ALLOW IMPACT STATEMENT, Dated January 5, 2011, (handwritten – 1 page), filed January 5, 2011	937, V5
CLAIMANT'S MOTION TO ALLOW THIS MOTION TO BE CLAIMANT'S LAST MOTION SO THE COMMISSION CAN BRING CLAIMANT CLAIM TO A RESOLUTION OR BRING TO A END, Dated January 25, 2011, (handwritten – 14 pages), filed January 25, 2011	974, V6
CLAIMANT'S MOTION TO AMEND, Dated January 5, 2011, (handwritten – 3 pages), filed January 5, 2011	927, V5

CLAIMANT’S MOTION TO AMEND APPEAL TO ADD FOR REQUEST FOR ADDITIONAL RECORDS, (typed – 3 pages), filed June 22, 2012.....	1302, V7
CLAIMANT’S MOTION TO AMEND COMPLAINT, FILED June 18, 2010.....	745, V4
CLAIMANT’S MOTION TO AMEND MOTION FOR RECONSIDERATION FILED JUNE 13, 2012, Dated June 13, 2012, (handwritten – 1 page), filed June 13, 2012.....	1268, V7
CLAIMANT’S MOTION TO AMEND MOTION TO SET ASIDE ATTORNEY LIEN UNTIL FINAL DECISION OF THE STATE APPELLATE COURT, Dated June 27, 2012, (typed – 3 pages), filed June 27, 2012.....	1310, V7
CLAIMANT’S MOTION TO CEASE AND DESIST, Dated September 7, 2009, (handwritten – 5 pages), filed September 8, 2009.....	673, V4
CLAIMANT’S MOTION TO CONSIDER ALL RECORDS RECEIVED FROM IDAHO DEPARTMENT OF CORRECTION DEEMED MOOT, (handwritten – 4 pages), filed August 4, 2009.....	596, V3
CLAIMANT’S MOTION TO CONTINUE TRANSPORTATION, Dated November 12, 2009, (handwritten – 4 pages), filed November 12, 2009.....	688, V4
CLAIMANT’S MOTION TO INCLUDE IN CLAIMANT APPEAL TO THE IDAHO STATE COURT OF APPEAL, Dated June 13, 2012, (handwritten – 2 pages), filed June 13, 2012.....	1270, V7
CLAIMANT’S MOTION TO INCLUDE IN FILING TO THE COURT OF APPEAL, Dated June 14, 2012, (handwritten – 2 pages), filed June 14, 2012.....	1280, V7
CLAIMANT’S MOTION TO MOVE FORWARD AND RESPONSE TO OTHER MOTIONS BEFORE THE COMMISSION, Dated January 5, 2011, (handwritten – 6 pages), filed January 5, 2011.....	921, V5
CLAIMANT’S MOTION TO MOVE FORWARD REGARDING DEPOSITIONS, Dated January 18, 2011, (handwritten – 1 page), filed January 19, 2011.....	970, V6
CLAIMANT’S MOTION TO MOVE FORWARD TO IDAHO STATE SUPREME COURT OF APPEAL, (handwritten – 5 pages), filed June 2, 2009.....	447, V3
CLAIMANT’S MOTION TO ORDER CONTINUE MEDICAL TREATMENT, dated August 3, 2009, (handwritten – 2 pages with attachments), filed August 3, 2009.....	564, V3
CLAIMANT’S MOTION TO PRODUCE DOCUMENTS AND THINGS, (handwritten – 3 pages), filed August 5, 2009.....	606, V4
CLAIMANT’S MOTION TO PRODUCE DOCUMENTS AND THINGS, Dated January 5, 2011, (handwritten – 4 page), filed January 5, 2011.....	933, V5
CLAIMANT’S MOTION TO RECONSIDER, (handwritten – 1 page), filed June 23, 2009.....	523, V3

CLAIMANT’S MOTION TO REVISE SHOW CAUSE HEARING, Dated January 14, 2009, (handwritten – 1 page with attachments), filed January 14, 2009	225, V2
CLAIMANT’S MOTION TO SET ASIDE ATTORNEY LIEN UNTIL FINAL DECISION OF THE STATE APPELLATE COURT, Dated June 26, 2012, (typed – 3 pages), Filed June 26, 2012.....	1306, V7
CLAIMANT’S NOTICE OF AMENDING APPEAL TO INCLUDE GRANTED ATTORNEY FEE, (typed – 10 pages), filed July 13, 2012	1380, V8
CLAIMANT’S NOTICE OF CHANGE OF ADDRESS, Dated January 29, 2011, (handwritten – 1 page), filed January 31, 2011	995, V6
CLAIMANT’S NOTICE OF CHANGE OF ADDRESS, (handwritten – 1 page), filed February 27, 2012	1072, V6
CLAIMANT’S NOTICE OF COMPLIANCE, Dated November 15, 2009, (handwritten – 1 page with attachments), filed November 16, 2009	700, V4
CLAIMANT’S NOTICE REGARDING COMMISSION’S ORDER, (handwritten – 1 page), filed November 19, 2009	715, V4
CLAIMANT’S NOTICE OF SERVICE OF DISCOVERY, filed March 15, 2010.....	743, V4
CLAIMANT’S NOTICE OF SERVICE OF DISCOVERY, filed October 13, 2010	768, V4
CLAIMANT’S OBJECTION AND MOTION TO QUASH DEFENDANTS’ TELEPHONIC DEPOSITION OF DR. ERIC HOLT, filed December 16, 2010	884, V5
CLAIMANT’S OBJECTION TO DEFENDANTS’ AUGUST 28, 2009 FILING AND RESPONSES TO MOTION TO RECONSIDER, Dated September 7, 2009, (handwritten – 2 pages), filed September 8, 2009.....	671, V4
CLAIMANT’S ORDER OF MOTION TO ALLOW FACTS & DOCUMENT TO BE PUT ON RECORD THAT ARE RELEVANT TO THE OUTCOME OF MY CASE, (handwritten – 5 pages), filed June 2, 2009.....	452, V3
CLAIMANT’S ORDER OF MOTION TO CEASE AND DESIST, (handwritten – 5 pages), Filed June 5, 2009	460, V3
CLAIMANT’S QUESTION FOR COMMISSION, Dated January 5, 2011, (handwritten – 3 pages), filed January, 2011	930, V5
CLAIMANT’S (RENEWED) REQUEST FOR THE COMMISSION TO MOVE FORWARD AND MAKE DETERMINATION, Dated January 31, 2011, (handwritten – 1 page), filed January 31, 2011	996, V6
CLAIMANT’S REQUEST FOR APPLICATION, Dated June 18, 2012, (handwritten – 1 page), filed June 18, 2012.....	1295, V7

CLAIMANT’S REQUEST FOR CALENDARING, Dated August 1, 2008, (handwritten – 2 pages), filed August 5, 2008	12, V1
CLAIMANT’S REQUEST FOR COMPLAINT TO BE HANDED TO COURT OF APPEAL TO BE HEARD FOR RECONSIDERATION, Dated September 1, 2009 (handwritten – 7 pages), filed September 1, 2009	661, V4
CLAIMANT’S REQUEST FOR CONTINUANCE TO HIRE ATTORNEY, Dated October 15, 2008, (handwritten – 1 page), filed October 15, 2008	166, V1
CLAIMANT’S REQUEST FOR COPIES OF LUKER’S WITHDRAWAL ON DECEMBER 27, 2010, Dated May 22, 2012, (handwritten – 1 page), filed May 22, 2012.....	1198, V7
CLAIMANT’S REQUEST FOR DISMISSAL OF COMPLAINT WITHOUT PREJUDICE, Dated October 17, 2008, (handwritten – 1 page), filed October 17, 2008	169, V1
CLAMANT’S REQUEST FOR DOCUMENTS, Dated September 8, 2009, (handwritten – 1 page), filed September 8, 2009	678, V4
CLAIMANT’S REQUEST FOR EMERGENCY PHONE CONFERENCE, (handwritten – 2 pages with attachments), filed February 3, 2012.....	1067, V6
CLAIMANT’S REQUEST FOR HEARING, filed June 18, 2010	749, V4
CLAIMANT’S REQUEST FOR UPDATE REGARDING CLAIMANT’S BRIEF FILED MAY 27, 2011, Dated September 29, 2011, (handwritten – 1 page), filed September 29, 2011.....	1052, V6
CLAIMANT’S REQUEST FOR USE OF DVD PLAYER AT ORAL EXAMINATION OF CRAIG BEAVER PH.D. AND DOUG CRUM, C.D.M.S., AND RICHARD WILSON, Dated February 9, 2011, (handwritten – 1 page), filed February 10, 2011	1015, V6
CLAIMANT’S REQUEST OF DOCUMENTS SENT TO COMMISSION BY CLAIMANT’S ATTORNEY, Dated June 11, 2012, (typed – 2 pages), filed June 11, 2012	1250, V7
CLAIMANT’S REQUEST OF DOCUMENTS SENT TO COMMISSION BY CLAIMANT’S ATTORNEY REVISED VERSION, Dated June 11, 2012, (typed – 2 pages), filed June 11, 2012.....	1252, V7
CLAIMANT’S REQUEST THAT SANDY BASKETT’S DEPOSITION BE HELD BEFORE THE COMMISSION, Dated January 18, 2011, (handwritten – 1 page), filed January 19, 2011	968, V5
CLAIMANT’S REQUEST TO HAVE ALL DEPOSITIONS HELD IN CLAIMANT’S HOME TOWN, Dated January 20, 2011, (handwritten – 1 page), filed January 20, 2011	967, V5
CLAIMANT’S REQUEST TO HAVE THE DEFENDANTS FOLLOW THROUGH WITH DR. HOLT’S DEPOSITION, Dated January 18, 2011, (handwritten – 1 page), filed January 18, 2011	963, V5

CLAIMANT'S REQUEST TO HOLD SANDY BASKETT'S AND DOUGLAS N. CRUM, CDMS, DEPOSITIONS BE HELD FIRST, Dated January 18, 2011, (handwritten – 1 page), filed January 19, 2011	969, V5
CLAIMANT'S REQUESTING CLARIFICATION OF ORDER TO CLARIFY FILED DECEMBER 23, 2009, (handwritten – 7 pages), filed December 28, 2009	719, V4
CLAIMANT'S RESPONSE TO DEFENDANTS' REQUEST FOR SANCTIONS, (4 pages) filed February 27, 2009	363, V2
CLAIMANT'S RESPONSE TO DEFENDANTS' REQUEST FOR TELEPHONE CONFERENCE, filed February 10, 2010	734, V4
CLAIMANT'S RESPONSE TO DEFENDANTS' RESPONSE OF NEW COMPLAINT, (handwritten – 11 pages), filed August 31, 2009	649, V4
CLAIMANT'S RESPONSE TO DEFENDANT'S SECOND MOTION TO ALLOW TESTIMONY VIA TELEPHONE, filed November 8, 2010.....	824, V5
CLAIMANT'S RESPONSE TO JULY 28, 2009 OF ORDER DISMISSING COMPLAINT BY INDUSTRIAL COMMISSION MOTION TO RECONSIDER, Dated August 3, 2009, (handwritten – 10 pages), Filed August 3, 2009.....	554, V3
CLAIMANT'S RESPONSE TO NOTICE OF INTENT TO RECOMMEND DISMISSAL FILED JUNE 29, 2009 WITH THE INDUSTRIAL COMMISSION, (handwritten – 7 pages with attachments), filed July 14, 2009.....	527, V3
CLAIMANT'S RESPONSE TO TRANSPORTATION, Dated January 19, 2011, (handwritten – 1 page), filed January 19, 2011	971, V6
CLAIMANT'S SECOND MOTION FOR EXTENDED TIME ON APPEAL PROCESS, Dated May 18, 2012, (handwritten – 1 page), filed May 18, 2012	1193, V7
CLAIMANT'S SECOND REQUEST FOR EXTENDED TIME ON RESPONSE BRIEF OF ATTORNEY LIEN ORDER, dated May 14, 2012, (handwritten – 1 page), filed May 14, 2012	1192, V7
CLAIMANT'S SECOND REQUEST FOR EXTENSION OF TIME TO RESPOND TO ATTORNEYS LIEN, Dated June 12, 2012, (typed – 2 pages), filed June 12, 2012	1256, V7
CLAIMANT'S THIRD MOTION FOR COMMISSION TO HAVE LYNN LUKER SEND CLAIMANT CLAIMANT'S FULLY SIGNED CONTRACT, (typed – 2 pages), filed June 6, 2012	1239, V7
CLAIMANT'S WITHDRAWING MOTION TO ALLOW ATTORNEY'S LIEN FILED 23 RD DAY OF DECEMBER, 2010, Dated January 18, 2011, (handwritten – 2 pages), filed January 18, 2011	964, V5
CLAIMANT'S WITNESS LIST, (handwritten – 4 pages), filed August 5, 2009	601, V4
CLAIMANT'S WITNESS LIST, (handwritten – 1 page), filed August 18, 2009.....	612, V4

DEFENDANTS' AFFIDAVIT OF COUNSEL IN SUPPORT OF MOTION TO COMPEL, Filed September 24, 2008	103, V1
DEFENDANTS' AFFIDAVIT OF COUNSEL IN SUPPORT OF SECOND MOTION TO ALLOW HEARING TESTIMONY VIA TELEPHONE, filed November 4, 2010	769, V5
DEFENDANTS' AFFIDAVIT OF JEWEL OWEN IN SUPPORT OF SECOND MOTION TO ALLOW HEARING TESTIMONY VIA TELEPHONE, filed November 4, 2010	811, V5
DEFENDANTS' AMENDED ANSWER TO AMENDED COMPLAINT, filed August 26, 2009	621, V4
DEFENDANTS' AMENDED NOTICE OF TAKING DEPOSITION UPON ORAL EXAMINATION (JAMES CLARK), filed October 7, 2010.....	765, V4
DEFENDANTS' AMENDED NOTICE OF TAKING POST-HEARING DEPOSITION UPON ORAL EXAMINATION (CRAIG BEAVER, PH.D.), filed December 8, 2010	872, V5
DEFENDANTS' AMENDED NOTICE OF TAKING POST-HEARING DEPOSITION UPON ORAL EXAMINATION (RICHARD WILSON, M.D.), filed December 8, 2010.....	869, V5
DEFENDANTS' AMENDED NOTICE OF TAKING TELEPHONIC POST-HEARING DEPOSITION UPON ORAL EXAMINATION (ERIC HOLT, M.D.), filed December 14, 2010	881, V5
DEFENDANTS' ANSWER TO AMENDED COMPLAINT, filed August 25, 2009	619, V4
DEFENDANTS' FIRST SUPPLEMENTAL NOTICE OF SERVICE OF JOINT HEARING EXHIBITS PURSUANT TO J.R.P. 10, filed November 12, 2010	846, V5
DEFENDANTS' LETTER TO CLAIMANT, Dated June 26, 2012.....	1309, V7
DEFENDANTS' LETTER TO CLAIMANT VIA FIRST CLASS AND CERTIFIED MAIL RETURN RECEIPT REQUESTED, Dated June 12, 2009, filed June 12, 2009	473, V3
DEFENDANTS' LETTER TO CLAIMANT VIA FIRST CLASS AND CERTIFIED MAIL RETURN RECEIPT REQUESTED, Dated June 15, 2009, filed June 15, 2009	520, V3
DEFENDANTS' LETTER TO CLAIMANT VIA FIRST CLASS CERTIFIED MAIL RETURN RECEIPT REQUESTED, Dated June 16, 2009, filed June 16, 2009	522, V3
DEFENDANTS' LETTER TO CLAIMANT VIA FIRST CLASS AND CERTIFIED MAIL RETURN RECEIPT REQUESTED, Dated August 25, 2009, filed August 25, 2009	618, V4
DEFENDANTS' LETTER TO REFEREE, dated June 12, 2009, filed June 12, 2009.....	509, V3
DEFENDANTS' LETTER TO REFEREE CLAIMANT'S "REFUSED" MAIL, Dated February 2, 2011, filed February 2, 2011	1001, V6

DEFENDANTS' MEMORANDUM IN SUPPORT OF MOTION TO COMPEL, filed September 24, 2008.....	92, V1
DEFENDANTS' MOTION FOR SANCTIONS, filed February 25, 2009.....	333, V2
DEFENDANTS' MOTION TO ALLOW HEARING TESTIMONY VIA TELEPHONE and MOTION TO SHORTEN TIME, filed February 27, 2009	373, V2
DEFENDANTS' MOTION TO COMPEL DISCOVERY AND EXECUTION OF MEDICAL AND ADMINISTRATIVE RECORDS RELEASES, filed September 24, 2008	89, V1
DEFENDANTS' MOTION TO STRIKE, filed June 7, 2011	1048, V6
DEFENDANTS' MOTION TO VACATE TELEPHONE CONFERENCE, filed March 3, 2010	739, V4
DEFENDANTS' NOTICE OF EXCHANGE OF EXHIBITS AND DISCLOSURES PURSUANT TO RULE 10, filed February 27, 2009.....	368, V2
DEFENDANTS' NOTICE OF FILING, filed August 15, 2008	17, V1
DEFENDANTS' NOTICE OF FILING, filed August 12, 2010	758, V4
DEFENDANTS' NOTICE OF FILING, filed August 26, 2010	760, V4
DEFENDANTS' NOTICE OF FILING, filed November 8, 2010.....	838, V5
DEFENDANTS' NOTICE OF FILING, filed November 9, 2010.....	843, V5
DEFENDANTS' NOTICE OF FILING, filed November 16, 2010.....	852, V5
DEFENDANTS' NOTICE OF FILING, filed January 31, 2012	1054, V6
DEFENDANTS' NOTICE OF FILING, filed January 31, 2012	1063, V6
DEFENDANTS' NOTICE OF INTENT TO TAKE POST-HEARING DEPOSITION UPON ORAL EXAMINATION (CRAIG BEAVER, PH.D.), filed November 8, 2010.....	828, V5
DEFENDANTS' NOTICE OF INTENT TO TAKE POST-HEARING DEPOSITION UPON ORAL EXAMINATION (DOUG CRUM, C.D.M.S.), filed November 8, 2010.....	826, V5
DEFENDANTS' NOTICE OF INTENT TO TAKE POST-HEARING DEPOSITION UPON ORAL EXAMINATION (ERIC HOLT, M.D.), filed November 8, 2010	836, V5
DEFENDANTS' NOTICE OF INTENT TO TAKE POST-HEARING DEPOSITION UPON ORAL EXAMINATION (J. HARRISON WHITCOMB, LCSW), filed November 8, 2010.....	830, V5
DEFENDANTS' NOTICE OF INTENT TO TAKE POST-HEARING DEPOSITION UPON ORAL EXAMINATION (RICHARD WILSON, M.D.), filed November 8, 2010	834, V5

DEFENDANTS' NOTICE OF INTENT TO TAKE POST-HEARING DEPOSITION UPON ORAL EXAMINATION (SI STEINBERG, M.D.), filed November 8, 2010	832, V5
DEFENDANTS' NOTICE OF INTENT TO TAKE POST-HEARING DEPOSITION UPON ORAL EXAMINATION (JAMES MORLAND, M.D.), filed November 12, 2010	850, V5
DEFENDANTS' NOTICE OF INTENT TO TAKE POST-HEARING DEPOSITION UPON ORAL EXAMINATION (ROBERT HANSON, M.D.), filed November 12, 2010	848, V5
DEFENDANTS' NOTICE OF SERVICE OF JOINT HEARING EXHIBITS PURSUANT TO J.R.P. 10, filed November 5, 2010	820, V5
DEFENDANTS' NOTICE OF SUBSTITUTION OF COUNSEL, filed August 6, 2008	15, V1
DEFENDANTS' NOTICE OF TAKING DEPOSITION UPON ORAL EXAMINATION (JAMES CLARK), filed October 6, 2010	762, V4
DEFENDANTS' NOTICE OF TAKING DEPOSITION UPON ORAL EXAMINATION (LARRY ROBB), filed November 9, 2010	840, V5
DEFENDANTS' NOTICE OF TAKING DEPOSITION UPON ORAL EXAMINATION (DOUG CRUM, C.D.M.S.), filed February 7, 2011	1005, V6
DEFENDANTS' NOTICE OF TAKING POST-HEARING DEPOSITION UPON ORAL EXAMINATION (CRAIG BEAVER, PH.D.), filed November 30, 2010	862, V5
DEFENDANTS' NOTICE OF TAKING POST-HEARING DEPOSITION UPON ORAL EXAMINATION (RICHARD WILSON, M.D.), filed November 30, 2010	859, V5
DEFENDANTS' NOTICE OF TAKING POST-HEARING DEPOSITION UPON ORAL EXAMINATION (ROBERT HANSON, M.D.), filed November 30, 2010	856, V5
DEFENDANTS' NOTICE OF TAKING POST-HEARING DEPOSITION UPON ORAL EXAMINATION (JEWEL OWEN), filed December 7, 2010	865, V5
DEFENDANTS' NOTICE OF TAKING POST-HEARING DEPOSITION UPON ORAL EXAMINATION (J. HARRISON WHITCOMB, LCSW), filed December 13, 2010	878, V5
DEFENDANTS' NOTICE OF TAKING TELEPHONIC POST-HEARING DEPOSITION UPON ORAL EXAMINATION (ERIC HOLT, M.D.), filed December 13, 2010	875, V5
DEFENDANTS' NOTICE OF VACATING POST-HEARING DEPOSITION UPON ORAL EXAMINATION (J. HARRISON WHITCOMB, LCSW), filed December 21, 2010	892, V5
DEFENDANTS' NOTICE OF VACATING TELEPHONIC POST-HEARING DEPOSITION UPON ORAL EXAMINATION (ERIC HOLT, M.D.), filed December 21, 2010	895, V5
DEFENDANTS' OBJECTION TO CLAIMANT'S AUGUST 3, 2009 THROUGH AUGUST 24, 2009 FILINGS AND RESPONSE TO MOTION TO RECONSIDER, filed August 28, 2009	623, V4

DEFENDANTS' OBJECTION TO CLAIMANT'S REQUEST FOR ADDITIONAL TIME TO PROVIDE SIGNED RELEASED AND DISCOVERY RESPONSES, filed February 11, 2009	283, V2
DEFENDANTS' OBJECTION TO CLAIMANT'S REQUEST FOR TRANSPORTATION FILED JANUARY 12, 2011, filed January 18, 2011	961, V5
DEFENDANTS' OBJECTION TO CLAIMANT'S SECOND REQUEST FOR ADDITIONAL TIME TO PROVIDE SIGNED RELEASES AND DISCOVERY RESPONSES FILED FEBRUARY 12, 2009, filed February 13, 2009	291, V2
DEFENDANTS' OBJECTION TO REQUEST FOR CALENDARING, filed August 15, 2008	19, V1
DEFENDANTS' OBJECTION TO SUBPOENA, filed March 3, 2009	398, V3
DEFENDANTS' REQUEST FOR ADDITIONAL RECORDS, filed June 13, 2012	1275, V7
DEFENDANTS' REQUEST FOR HEARING, filed January 6, 2009	213, V2
DEFENDANTS' REQUEST FOR TELEPHONE CONFERENCE, filed January 11, 2011	940, V5
DEFENDANTS' REQUEST FOR TELEPHONIC STATUS CONFERENCE, Filed September 11, 2008	87, V1
DEFENDANTS' REQUEST FOR TELEPHONIC STATUS CONFERENCE, filed January 8, 2010	727, V4
DEFENDANTS' RESPONSE TO CLAIMANT'S DOCUMENT FILED MARCH 4, 2011, filed March 8, 2011	1035, V6
DEFENDANTS' RESPONSE TO CLAIMANT'S DOCUMENT MOTIONS FILED JANUARY 18, JANUARY 20, AND JANUARY 25, 2011, filed January 26, 2011	989, V6
DEFENDANT'S RESPONSE TO CLAIMANT'S DOCUMENTS FILED JUNE 2, 2009 and JUNE 5, 2009, filed June 10, 2009	466, V3
DEFENDANTS' RESPONSE TO CLAIMANT'S FILING OF APRIL 27, 2009, filed May 7, 2009	416, V3
DEFENDANTS' RESPONSE TO CLAIMANT'S LETTERS FILED DECEMBER 3, 2008 AND RESPONSE TO REQUEST FOR CALENDARING, filed December 11, 2008	204, V2
DEFENDANTS' RESPONSE TO CLAIMANT'S LETTERS TO THE COMMISSION, filed October 20, 2008	171, V1
DEFENDANTS' RESPONSE TO CLAIMANT'S MOTIONS AND DOCUMENTS FILED JANUARY 5, 2011, filed January 11, 2011	942, V5
DEFENDANTS' RESPONSE TO CLAIMANT'S MOTIONS FILED MAY 22, 2012, filed May 23, 2012	1217, V7

DEFENDANTS' RESPONSE TO CLAIMANT'S SECOND REQUEST FOR MEDIATION, Filed January 22, 2009	245, V2
DEFENDANTS' RESPONSE TO REQUEST FOR HEARING, filed June 25, 2010	753, V4
DEFENDANTS' SECOND MOTION TO ALLOW HEARING TESTIMONY VIA TELEPHONE AND MOTION TO SHORTEN TIME, filed November 4, 2010	815, V5
DEFENDANTS' SECOND MOTION TO COMPEL DISCOVERY AND EXECUTION OF MEDICAL AND ADMINISTRATIVE RECORDS RELEASES, filed January 6, 2009	219, V2
DEFENDANTS' SECOND NOTICE OF TAKING POST-HEARING DEPOSITION UPON ORAL EXAMINATION (CRAIG BEAVER, PH.D.), filed February 7, 2011	1008, V6
DEFENDANTS' SECOND NOTICE OF TAKING POST-HEARING DEPOSITION UPON ORAL EXAMINATION (RICHARD WILSON, M.D.), filed February 7, 2011	1011, V6
DEFENDANTS' SECOND SUPPLEMENTAL NOTICE OF SERVICE OF JOINT HEARING EXHIBITS PURSUANT TO J.R.P. 10, filed November 17, 2010	854, V5
EXHIBITS TO BE PRODUCED AT HEARING ON COMPLAINT FILED JULY 9, 2008, Dated August 22, 2008, (Claimant's handwritten – 2 pages w/attachments), filed September 9, 2008.....	66, V1
FAX CONFIRMATION OF COVER SHEET FROM INDUSTRIAL COMMISSION TO DENISE (ANDERSON, JULIAN & HULL) RE TRANSMITTAL OF CLAIMANT'S BRIEF TO DEFENDANTS, dated 05/27/41 [sic]	1046, V6
FINDINGS OF FACT, CONCLUSIONS OF LAW AND RECOMMENDATION BY REFEREE NOT ADOPTED BY COMMISSIONERS (NOT FILED), Dated April 10, 2012	1074, V6
FINDINGS OF FACT, CONCLUSIONS OF LAW, AND ORDER, filed May 2, 2012	1126, V7
INDUSTRIAL COMMISSION LETTER TO CLAIMANT, Dated June 22, 2012.....	1301, V7
INDUSTRIAL COMMISSION LETTER TO CLAIMANT, Dated June 29, 2012.....	1320, V7
INDUSTRIAL COMMISSION LETTER TO CLAIMANT, Dated July 5, 2012	1321, V7
LETTER FROM CLAIMANT RE "FACTS", Dated August 22, 2008, (handwritten – 4 pages), filed September 9, 2008.....	62, V1
LETTER FROM CLAIMANT RE REQUEST FOR INDUSTRIAL COMMISSION TO REVIEW ALL DOCUMENTS RECEIVED FROM MR. HULL ATTORNEY FOR IDAHO STATE INSURANCE FUND and REQUEST FOR HEARING, Dated August 22, 2008 (handwritten – 2 pages) filed September 9, 2008	35, V1
LETTER FROM CLAIMANT RE REQUEST FOR INTERROGATORIES TO CLAIMANT, Dated August 22, 2008, (handwritten – 1 page w/attachments) filed September 9, 2008	42, V1

LETTER FROM CLAIMANT RE REQUEST FOR (PRODUCTION OF DOCUMENTS AND THINGS TO CLAIMANT), Dated August 22, 2008, (handwritten 1 page w/attachments), filed September 9, 2008.....	37, V1
LETTER FROM CLAIMANT RE RESPONSE OR REQUEST FOR SIGNATURE FOR "MEDICAL RELEASE", Dated August 22, 2008, (handwritten – 1 page w/attachments), filed September 9, 2008.....	52, V1
LETTER FROM CLAIMANT RE SERVICE OF DOCUMENTS AND LETTERS TO ALAN HULL, Dated September 8, 2008, (handwritten 1 page, copy 1 page), filed September 9, 2008.....	24, V1
LETTER FROM CLAIMANT RE SERVICE OF REQUEST FOR DOCUMENTS AND THINGS AND INTERROGATORIES TO DEFENDANTS, Dated September 5, 2008, (handwritten – 1 page), filed September 9, 2008	26, V1
LETTER FROM CLAIMANT REQUESTING HEARING, Dated December 29, 2008, (handwritten – 1 page), filed December 29, 2008	209, V2
LETTER FROM CLAIMANT REQUESTING STATUS CONFERENCE, Dated December 29, 2008, (handwritten – 1 page), filed December 29, 2008	208, V2
LETTER FROM CLAIMANT TO DENNIS BURKS REQUESTING MEDIATION, Dated December 3, 2008, (handwritten – 1 page), filed December 4, 2008	201, V2
LETTER FROM CLAIMANT TO MR. HULL RE REQUEST FOR AWARD OF \$250,000, Dated September 5, 2008, (handwritten – 3 pages) filed September 9, 2008	32, V1
LETTER FROM CLAIMANT TO MRS. OWEN REQUESTING DOCUMENTS, Dated December 3, 2008, (handwritten - 1 page), filed December 4, 2008.....	200, V2
LETTER FROM CLAIMANT TO MS. OWEN, IDAHO STATE INSURANCE FUND, Dated November 3, 2008, (handwritten – 4 pages faxed), filed November 3, 2008	173, V1
LETTER FROM CLAIMANT TO THE IDAHO INDUSTRIAL COMMISSION RE REQUEST FOR AWARD OF \$250,000, Dated September 5, 2008, (handwritten – 5 pages), filed September 9, 2008.....	27, V1
LETTERS FROM CLAIMANT, filed December 3, 2008.....	181, V1
• To Referee Requesting hearing, Dated November 29,2008, (handwritten – 2 pages)	
• To Referee Requesting Hearing, Dated November 30, 2008, (handwritten – 3 pages)	
• To Referee Requesting Production of Documents at Show Cause Hearing, Dated November 30, 2008, (handwritten – 1 page)	
• To Ms. Burke Requesting Forwarding of Show Cause Hearing Requests, (handwritten – 1 page), Dated December 1, 2008	
• To Referee Requesting Show Cause, Dated December 1, 2008, (handwritten – 1 page)	
• To Referee Requesting Show Cause Hearing, Dated December 1, 2008, (handwritten – 2 pages)	
• To Referee Regarding Clarification of Phrase, undated, (handwritten – 1 page)	
• To Referee Re Medical Bills, undated, (handwritten – 1 page with attachments)	

LETTER FROM DEFENDANTS TO REFEREE RE NOTICE OF NOT TAKING POST-HEARING DEPOSITION OF SI STEINBERG, M.D. and J. HARRISON WHITCOMB, LCSW, filed March 7, 2011	1028, V6
LETTER FROM INDUSTRIAL COMMISSION TO CLAIMANT REGARDING STATUS OF CASE, Dated October 7, 2011	1053, V6
LIST OF EXHIBITS	(i)
LUKER'S ATTORNEY'S BRIEF ON MOTION FOR APPROVAL OF ATTORNEY'S LIEN, filed May 9, 2012	1180, V7
LUKER'S ATTORNEY'S RESPONSE TO REQUEST FOR CONTRACT, filed June 8, 2012	1246, V7
LUKER'S LETTER TO WHOM IT MAY CONCERN REGARDING MOTION TO VACATE TELEPHONE CONFERENCE, Dated March 5, 2010, filed March 8, 2010	741, V4
MOTION TO WITHDRAW AS COUNSEL (LUKER), filed December 20, 2010	888, V5
NOTICE CANCELLING TELEPHONE CONFERENCE, filed March 11, 2010	742, V4
NOTICE OF APPEAL, filed June 1, 2012, hard copy filed June 8, 2012	1220, V7
NOTICE OF APPEARANCE (LUKER), FILED January 11, 2010.....	732, V4
NOTICE OF COMPLETION, dated July 18, 2012	1393, V8
NOTICE OF HEARING, filed January 13, 2009.....	217, V2
NOTICE OF HEARING, filed June 30, 2010.....	756, V4
NOTICE OF INTENT TO RECOMMEND DISMISSAL, FILED June 29, 2009	525, V3
NOTICE OF PRE-HEARING TELEPHONE CONFERENCE, filed March 2, 2009.....	397, V2
NOTICE OF TELPHONE CONFERENCE, filed February 25, 2010.....	738, V4
NOTICE OF TELEPHONE CONFERENCE, filed November 5, 2010	823, V5
NOTICE OF TELEPHONE CONFERENCE, filed February 3, 2011	1004, V6
NOTICE OF TELEPHONE CONFERENCE, filed March 8, 2011	1034, V6
NOTICE OF TELEPHONE CONFERENCE, filed February 6, 2012	1071, V6
NOTICE TO THE PARTIES, filed August 6, 2008	14, V1
NOTICE TO THE PARTIES, filed June 21, 2010.....	752, V4

NOTICE TO VACATE POST-HEARING DEPOSITION UPON ORAL EXAMINATION (CRAIG BEAVER, PH.D.), filed December 21, 2010	898, V5
NOTICE TO VACATING POST-HEARING DEPOSITION UPON ORAL EXAMINATION (RICHARD WILSON, M.D.), filed December 21, 2010.....	901, V5
ORDER APPROVING STPULATION, filed November 18, 2009	713, V4
ORDER DENYING APPELLANT’S MOTION FOR MEDIATION, filed July 10, 2012.....	1365, V
ORDER DENYING APPELLANT’S MOTION TO AMEND APPEAL TO ADD RECORDS, Filed June 27, 2012	1314, V7
ORDER DENYING APPELLANT’S REQUESTS FOR ADDITIONAL RECORDS PURSUANT TO I.A.R. 19, filed June 19, 2012	1297, V7
ORDER DENYING CLAIMANT’S MOTION FOR DOCUMENTS, filed June 7, 2012.....	1244, V7
ORDER DENYING CLAIMANT’S MOTION TO SET ASIDE, filed June 28, 2012	1318, V7
ORDER DENYING RECONSIDERATION, filed June 28, 2012	1316, V7
ORDER DISMISSING APPELLANT’S MOTION FOR NEW HEARING, filed July 10, 2012.....	1363, V8
ORDER DISMISSING COMPLAINT, filed November 26, 2008	179, V1
ORDER DISMISSING COMPLAINT, filed July 28, 2009.....	552, V3
ORDER ESTABLISHING BRIEFING SCHEDULE, filed March 10, 2011	1040, V6
ORDER GRANTING ATTORNEY FEES, filed July 10, 2012	1367, V8
ORDER GRANTING EXTENSION OF TIME, filed June 13, 2012	1266, V7
ORDER GRANTING WAIVER OF FEES, filed June 14, 2012.....	1288, V7
ORDER GRANTING WITHDRAWAL OF ATTORNEY, filed December 21, 2010.....	890, V5
ORDER ON CALENDARING, filed August 21, 2008	21, V1
ORDER ON CLAIMANT’S ADDITIONAL MOTIONS, filed January 14, 2011.....	958, V5
ORDER ON CLAIMANT’S MOTION FOR NEW HEARING AND TRANSPORTATION, filed January 14, 2011	956, V5
ORDER ON CLAIMANT’S MOTION TO MOVE FORWARD, filed June 3, 2009.....	458, V3
ORDER ON MOTION, filed November 10, 2010.....	845, V5
ORDER ON MOTION FOR SUBPOENA, filed March 10, 2011	1039, V6

ORDER ON MOTION TO CEASE AND DESIST AND TO NOTICE OF INTENT TO RECOMMEND DISMISSAL, filed June 10, 2009	471, V3
ORDER ON MOTION TO COMPEL AND OTHER MATTERS, filed February 6, 2009	263, V2
ORDER ON MOTION TO COMPEL AND SETTING A DEADLINE FOR CLAIMANT TO OBTAIN LEGAL COUNSEL AND NOTICE OF TELEPHONE CONFERENCE, Filed October 2, 2008	164, V1
ORDER ON MOTIONS, filed February 2, 2011	999, V6
ORDER ON MOTIONS AND ORDER VACATING HEARING, filed March 5, 2009	408, V3
ORDER ON REQUEST FOR CONTINUANCE AND CANCELLING TELEPHONE CONFERENCE, filed October 17, 2008.....	168, V1
ORDER REGARDING MOTIONS, filed May 22, 2012	1208, V7
ORDER REGARDING RECONSIDERATION AND ADDITIONAL FILINGS, filed November 18, 2009	707, V4
ORDER TO CLARIFY, filed December 23, 2009	717, V4
ORDER TO SHORTEN TIME, filed June 7, 2012	1242, V7
REFEREE'S LETTER TO CLAIMANT REGARDING FAX FILED WORKERS' COMPENSATION COMPLAINT, Dated March 7, 2011.....	1030, V6
SUPREME COURT ORDER ADOPTING INDUSTRIAL COMMISSION FOR WAIVER OF FILING FEE, Dated June 19, 2012	1300, V7
SUPREME COURT ORDER CONDITIONALLY DISMISSING APPEAL, Dated June 7, 2012	1249, V7
STIPULATION REGARDING CONTINUATION OF BENEFITS, filed November 13, 2009.....	695, V4
WORKERS' COMPENSATION COMPLAINT, filed July 2, 2008.....	1, V1
WORKERS' COMPENSATION COMPLAINT FILED BY EMPLOYER AND SURETY, filed January 6, 2009	211, V2

LIST OF EXHIBITS

**REPORTER'S TRANSCRIPT: Taken November 18, 2010 RE: James W. Clark
TO BE LODGED WITH THE SUPREME COURT.**

Joint Exhibits:

Volume 1

1. Form 1, Notice of Injury (4/17/08)	1-2
2. Dominic Gross, M.D. Horizon Orthopedic and Hand Surgery (4/18/08 – 6/5/08)	1-11
3. Argam Zia, M.D., Treasure Valley Internal Medicine (4/22/08 – 4/29/08)	1-9
4. Lifeways Mental Health Services (5/6/08 – 10/11/10)	1-149
5. Robert Hansen, M.D., West Idaho Orthopedics (6/15/06 – 10/27/10)	1-68
6. Jeff Smith, PA-C (5/30/08)	1-2
7. Lawrence Green, M.D. (6/27/08)	1-5
8. James Morland, M.D. Meridian Pain Center (8/6/08 – 8/30/10)	1-46
9. Richard Wilson, M.D. (11/13/08; 4/6/10)	1-98
10. Craig Beaver, Ph.D. (4/1/10 & 4/6/10)	1-48
11. Intermountain Hospital (09/03/09 – 09/07/09; 3/15/10 – 3/24/10)	1-43
12. Weiser Memorial Hospital (07/19/07; 4/17/07; 8/15/08; 4/1/09)	1-32
13. Saint Alphonsus Regional Medical Center (4/17/08)	1-11
14. West Valley Medical Center (2/19/09; 09/11/09; 3/15/10)	1-13
15. Holy Rosary/Sport & Orthopaedic Rehabilitation (02/06/06 – 06/05/06; 4/21/08 – 1/5/09; 4/24/09 – 5/20/09)	1-58

Volume 2

16. Machine Photographs	1-2
17. Medical Bills and Home Care Documents	1-25
18. Claimant's Pharmacy List	1
19. Social Security Earnings History	1-12
20. Industrial Commission Rehabilitation Division	1-42
21. Doug Crum, C.D.M.S., Vocational Report and Curriculum Vitae (corrected version without typos follows)	1-43
22. Idaho State Insurance Fund Benefit Payment	1-8
23. Claimant's Deposition Transcript (10/18/10)	1-94
24. 9/6/06 Back Injury Medical Records	1-9
25. Eric Holt, M.D. (10/12/08)	1-76
26. Vernon Barton, M.D., Ontario Family Medicine (6/09/05 -05/02/06)	1-19
27. Nathan Church, PA Dominican Health (6/29/05 – 9/8/06)	1-10
28. Barbara Quattrone, M.D., Idaho Physician Medicine and Rehabilitation, (10/24/05 – 11/7/05)	1-6
29. Brian Denekas, M.D. Sunrise Medical Consultants (11/18/05; 7/6/06; 8/23/06)	1-39
30. Randolph Peterson, M.D. Sports Orthopaedics (2/03/06 – 07/07/06)	1-10
31. Dr. Tim Ashaye, Psychiatry (10/05/09)	1
32. Flink Stearns, OTR/L, St. Elizabeth Health Services (PCE) (7/12/07 – 7/23/07)	1-6
33. St. Alphonsus Behavioral Health Services (10/15/09 – 12/29/09)	1-18

Volume 3:

34. Holy Rosary Medical Center (6/22/89; 7/24/89; 7/25/89; 7/27/89; 8/7/89; 8/28/89; 8/30/89; 7/9/96; 8/15/96; 1/5/97; 12/9/03; 1/13/06; 8/4/06; 9/6/06; 2/6/07; 8/7/07; 2/6/08; 2/19/08; 2/27/08; 10/01/09.	1-251
35. Claimant's Arrest History	1-22
36. Claimant's Sex Offender Registry Information	1
37. <i>Sub Rosa</i> Investigative Report and DVD	1-16
38. SAIF Worker's Compensation Claim Records	1-102

Volume 4:

39. Idaho Department of Correction	1-3
a. Medical History & Screening (3/12/97 – 3/14/97; 10/31/00)	4-8
b. Inmate Medical Information form (11/23/00 – 12/30/02)	9-11
c. Offender Medical Status Report (3/24/97 – 6/21/01)	12-19
d. Physician's Orders (3/17/97 – 10/6/03)	20-29
e. Interdisciplinary Progress Notes (8/13/97 – 10/6/03)	30-57
f. Outpatient Treatment Records (3/17/97 – 1/25/02)	28-67
g. Report of Physical Examination (3/14/97 – 10/31/00)	68-69
h. Medical Request Form (4/2/97 – 8/10/98; 18/18/02 [sic])	70-116
i. Disciplinary Segregation Medical Documentation (11/11/98 – 7/2/01; 7/21/?; 7/24/? – 7/27/?; 9/12/? – 9/27/?)	117-124
j. Health Services Request Co-Pay Form (11/9/00 – 10/2/03)	125-161
k. Medical Request Disposition/Response (11/9/01; 4/15/02; 5/27/03)	162-164
l. Transfer/Receiving Medical Screening Forms (4/1/97; 8/6/97; 2/4/03)	165-167
m. Ophthalmic Record (10/24/02)	168
n. Radiology Group (10/27/97; 1/30/02)	169-172
o. St. Al's Outpatient Physician Order-Diagnostic Testing (10/22/02; 11/4/02)	173-174
p. Lab Reports (3/14/97 – 7/31/02)	175-192
q. Medication Administration Records (3/24/97 – 9/11/03)	193-237
r. Medication Consent Form (8/6/01; 9/20/01)	128-239
s. Release of Responsibility (12/11/01)	240
t. Receipt for Medical Product (12/17/02)	241
u. Information Report re Back Injury (5/11/97)	242
v. NICI Medical Lay-In (7/15/97 – 7/16/97)	243
w. Intake Mental Health Screening	244
x. Referral to Mental Health (11/8/00 - ?)	245-246
y. Psychiatric Evaluation (1/2/98 & 9/8/03)	247-248
z. Psychotropic Medication Report (7/31/01; 12/4/01)	249-250
aa. Immunizations (3/12/97 – 11/18/02)	251-254
bb. Problem List (7/98 – 7/23/02)	255-256
cc. Medical Diet Authorization (11/16/98 – 4/18/02)	257-259
dd. Inmate Information Sheet (4/1/97)	260
ee. Inmate Concern (3/18/97 – 7/31/98)	261-265
ff. Account History Report	266-268
gg. Acute Self-Limiting Problems (4/3/97; 7/16/97)	269
hh. Offender Track (11/15/95 0 11/13/98)	270
ii. Intrasystem Transfer Form (11/15/00 – 2/4/03)	271-281
jj. Referral Tracking Record (11/11/97)	282

kk. Inmate food Service Worker Clearance (11/17/00)	283-284
ll. Social Security Disability Request for Information (6/23/03)	285
mm. Population Information Sheet (10/31/00; 11/17/00; 1/15/03)	286-288
nn. Jan O. Dahlin, M.D. Records (7/15/96 – 8/15/96)	289-295
oo. Valley Family Health Care (11/19/98 – 8/27/99)	296-307
40. February 15, 2007, Arugus Observer Article	

Additional Documents:

Depositions:

1. Deposition of James W. Clark taken October 18, 2010
2. Deposition of Larry Robb taken November 15, 2010
3. Deposition of Jewel Owen taken December 9, 2010
4. Deposition of Robert Hansen, M.D. taken December 17, 2010
5. Deposition of Craig W. Beaver, Ph.D. taken February 24, 2011
6. Deposition of Douglas N. Crum, C.D.M.S. taken February 24, 2011
7. Deposition of Richard W. Wilson, M.D. taken March 2, 2011

Briefs:

8. Claimant's Post-Hearing Brief, filed March 31, 2011
9. Claimant's Amended Brief, filed April 1, 2011
10. Defendant's Post hearing Brief, filed May 13, 2011
11. Claimant's Brief, (11 pages and 25 pages) filed May 27, 2011
12. Claimant's Responsive Post-Hearing Brief, filed May 31, 2011
13. Claimant's Brief, filed May 31, 2011
14. **Correspondence from June 30, 2008 through May 2, 2012:**
 - Letter to James Clark from IIC, dated July 9, 2008
 - Copy of letter to James Clark from State Insurance Fund, dated July 15, 2008
 - Copy of Letter to James Clark from State Insurance Fund, dated July 28, 2008
 - Letter to IIC from Alan K. Hull, dated August 6, 2008
 - Letter to IIC from Alan Hull, dated August 15, 2008
 - Letter to IIC from Alan Hull, dated August 15, 2008
 - Letter to James W. Clark from IIC, dated August 19, 2008
 - Letter to IIC from Rachael M. O'Bar, dated September 10, 2008
 - Letter to IIC from Rachael M. O'Bar, dated September 24, 2008
 - Letter to IIC from Rachael M. O'Bar, dated October 20, 2008
 - Letter to IIC from Rachael M. O'Bar, dated December 11, 2008
 - Fax cover letter to IIC with unsigned Response to Claimant's Request for Mediation, dated December 29, 2008
 - Letter to IIC from Rachael M. O'Bar, dated January 6, 2009
 - Letter to IIC from Rachael M. O'Bar, dated January 6, 2009
 - Copy of letter to James Clark from Rachael M. O'Bar, dated January 21, 2009
 - Copy of letter to James Clark from Rachael M. O'Bar, w/enclosures, dated January 23, 2009
 - Copy of letter to James Clark from Rachael M. O'Bar, dated January 27, 2009
 - Copy of letter to James Clark from Alan Hull, dated February 4, 2009

- Letter to IIC from Rachael M. O'Bar, dated February 11, 2009
- Letter to IIC from Rachael M. O'Bar, dated February 13, 2009
- Letter to IIC from Rachael M. O'Bar, dated February 25, 2009
- Letter to IIC from Rachael M. O'Bar for Alan K. Hull, dated February 27, 2009
- Letter to IIC from Rachael M. O'Bar for Alan K. Hull, dated February 27, 2009
- Letter to IIC from Alan K. Hull, dated March 3, 2009
- Letter to James W. Clark from Referee Donohue, dated May 1, 2009
- Letter to IIC from Alan K. Hull, dated May 7, 2009
- Letter to IIC from Alan K. Hull, dated June 10, 2009
- Letter to Referee Donohue from Rachael M. O'Bar for Alan K. Hull, dated August 25, 2009
- Letter to IIC from Rachael M. O'Bar for Alan K. Hull, dated August 26, 2009
- Letter to IIC from Rachael M. O'Bar, dated August 28, 2009
- Letter to James Clark from Counsel for Defendants, dated August 28, 2009
- Letter to IIC from Alan K. Hull, dated November 13, 2009
- Letter to IIC from Rachael M. O'Bar, dated January 8, 2010
- Letter to IIC from Lynn M. Luker, dated January 7, 2010
- Letter to IIC from Lynn M. Luker, dated February 9, 2010
- Letter to IIC from Rachael M. O'Bar, dated March 3, 2010
- Letter to IIC from Lynn M. Luker, dated March 13, 2010
- Letter to IIC from Lynn M. Luker, dated June 17 2010
- Letter to IIC from Rachael M. O'Bar, dated June 25, 2010
- Letter to IIC from Rachael M. O'Bar, dated August 12, 2010
- Letter to IIC from Rachael M. O'Bar, dated August 26, 2010
- Letter to IIC from Alan K. Hull, dated October 6, 2010
- Letter to IIC from Alan K. Hull, dated October 7, 2010
- Letter to IIC from Lynn M. Luker, dated October 11, 2010
- Letter to Commissioners Maynard, Limbaugh and Baskin from Rachael M. O'Bar, dated November 4, 2010
- Letter to IIC from Rachael M. O'Bar, dated November 5, 2010
- Letter to IIC from Lynn M. Luker, dated November 5, 2010
- Letter to IIC from Rachael M. O'Bar, dated November 8, 2010
- Letter to IIC from Rachael M. O'Bar, dated November 9, 2010
- Letter to IIC from Rachael M. O'Bar, dated November 9, 2010
- Letter to IIC from Rachael M. O'Bar, dated November 12, 2010
- Letter to IIC from Rachael M. O'Bar, dated November 12, 2010
- Letter to IIC from Rachael M. O'Bar, dated November 16, 2010
- Letter to IIC from Rachael M. O'Bar, dated November 16, 2010
- Letter to IIC from Rachael M. O'Bar, dated November 16, 2010
- Letter to IIC from Rachael M. O'Bar, dated November 17, 2010
- Letter to IIC from Alan K. Hull, dated November 22, 2010
- Letter to IIC from Lynn M. Luker, filed November 23, 2010
- Letter to IIC from Rachael M. O'Bar, dated November 30, 2010
- Faxed letter to IIC from Rachael M. O'Bar, dated December 7, 2010
- Letter to IIC from Rachael M. O'Bar, dated December 8, 2010
- Letter to IIC from Rachael M. O'Bar, dated December 13, 2010
- Letter to IIC from Rachael M. O'Bar, dated December 14, 2010

- Letter to IIC from Lynn M. Luker, dated December 15, 2010
- Letter to IIC from Lynn M. Luker, dated December 20, 2010
- Letter to IIC from Rachael M. O'Bar, dated December 21, 2010
- Letter to IIC from Lynn M. Luker, dated December 23, 2010
- Letter to IIC from Rachael M. O'Bar, dated January 11, 2011
- Letter to IIC from Rachael M. O'Bar, dated January 11, 2011
- Letter to IIC from Rachael M. O'Bar, dated January 11, 2011
- Letter to IIC from Rachael M. O'Bar, dated January 18, 2011
- Letter to IIC from Rachael M. O'Bar, dated January 28, 2011
- Letter to IIC from Rachael M. O'Bar, dated February 7, 2011
- Letter to IIC from Rachael M. O'Bar, dated February 23, 2011
- Letter to IIC from Rachael M. O'Bar, dated March 8, 2011
- Copy of letter to James Clark from Rachael M. O'Bar, dated March 21, 2011
- Letter to IIC from Rachael M. O'Bar, dated May 6, 2011
- Letter to IIC from Rachael M. O'Bar, dated May 13, 2011
- Letter to IIC from Rachael M. O'Bar, dated June 7, 2011
- Letter to IIC from Rachael M. O'Bar, dated January 31, 2012
- Letter to IIC from Rachael M. O'Bar, dated January 31, 2012
- Letter to Referee from Rachael M. O'Bar, dated February 2, 2012
- Copy of Letter to James Clark from Rachael M. O'Bar, dated March 8, 2012
- Letter to IIC from Luker to IIC, dated May 8, 2012
- Letter to IIC from Rachael M. O'Bar, dated May 23, 2012
- Letter to IIC from Luker to IIC, dated June 7, 2012
- Letter to IIC from Rachael M. O'Bar, dated June 13, 2012

Other:

15. Exhibits to Claimant's 9th Continuation of Documents and Things, dated and filed February 17, 2011 (found at page 1017 of the Agency's record).
16. Continuation of medical records for consideration on claimant's claim of April 17, 2008, dated and filed March 29, 2011, (found at page 1041 of the Agency's Record).
17. Claimant's Requests for Additional Documents No. 3, 4 and 5 in Notice of Appeal: The Industrial Commission has no knowledge of what release forms and letters were used to obtain particular medical records. Therefore, it is unknown whether this information is included in the Agency's Record.
18. Claimant's Request for Additional Documents No. 6 in the Notice of Appeal: There is no such Complaint in the Agency's Record. Original Complaint was filed July 2, 2008, and is found on page 1 of the Agency's record.
19. Claimant's Request for Additional Documents No. 8 in the Notice of Appeal: Information regarding Dr. Steinberg is located in Joint Exhibit 4.

Claim no 200806268 Dec 3, 2008
To Mrs. Owen

I James Clark Representing
myself at this time is requesting
from your office all medical,
Disiplinary Report's, and all
other Document's That your
office has Receive from
The Idaho Department of Correction
Sent To me no later Then
Dec-26-2008 AT

JAMES CLARK
10402 Rail Road Lane
Payette Idaho
83661

Thank you for your Time on
this matter

Sincerely
James Clark

P.S.
Please donot
withhold any Document's
This Time.

INDUSTRIAL CLASSIFICATION

FILED

cc/ Dennis
DWB

Claim NO. 200806268

Dec 3, 2008

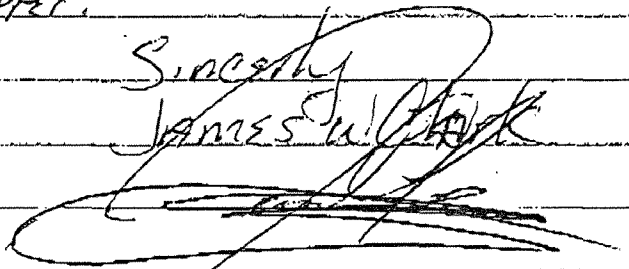
Mr. Sir Dennis Burks

I am requesting for a mediation between The Idaho State Insurance fund and myself before a Show Cause Hearing so maybe we can resolve this matter before this gets out of hand.

I am requesting for a in person mediation hearing only and not a phone mediation hearing.

Thank you for your time on this matter.

Sincerely
James E. Burks



FILED
DEC 4 2008
INDUSTRIAL COMMISSION

ANDERSON, JULIAN & HULL LLP
C. W. Moore Plaza
250 South 5th Street, Suite 700
P. O. Box 7426
Boise, ID 83707-7426
Telephone: (208) 344-5800
Facsimile: (208) 344-5510
Alan K. Hull – ISB No.:1568
Rachael M. O’Bar – ISB No.: 5823

 ORIGINAL

2008 DEC 11 P 11:15
RECEIVED
INDUSTRIAL COMMISSION

Attorneys for Defendants

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

vs.

CRY BABY FOODS, LLC,

Employer,

and

IDAHO STATE INSURANCE FUND,

Surety,

Defendants.

I.C. No. 08-013505

**RESPONSE TO CLAIMANT’S
LETTERS FILED DECEMBER 3,
2008 and RESPONSE TO
REQUEST FOR CALENDARING**

COME NOW the Defendants, by and through their undersigned counsel of record, and hereby respond to Claimant's Letters Filed December 3, 2008. By Order dated November 26, 2008, the Claimant’s Complaint was dismissed without prejudice. However, Defendants have no objection to Claimant re-filing his Complaint and/or submitting a new Complaint.

RESPONSE TO CLAIMANT’S LETTERS FILED DECEMBER 3, 2008 and RESPONSE TO REQUEST FOR CALENDARING - 1

If the Commission interprets Claimant's December 3, 2008 filings as a Request for Calendaring, Defendants respond as follows:

1. **Statement of readiness:** Defendants believe this matter will be ready for hearing after March 2, 2009.

2. **Issues to be heard:** Pursuant to Claimant's request, the following issues should be heard:

1. Claimant's entitlement to additional medical benefits, including prescription costs.

2. Claimant entitlement to travel reimbursement for transportation to Malheur County Correctional Facilities.

As Claimant is not medically stable, Defendants reserve the issues of Claimant's entitlement to impairment, disability above impairment, and retraining.

3. **Location of hearing:** Boise, Idaho.

4. **Unavailable dates:** Counsel for Defendants has no time available for hearing prior to March 2, 2009. Thereafter, counsel is unavailable as follows:

March 4, 6, 11-13, 17-20, 23-27

April 6-8, 13-23

May 13-15, 25-28

June 4, 15-19, 25-26,

July 1-10, 2009

5. **Length of hearing:** One day, plus post-hearing depositions.

6. **Settlement negotiations:** As Claimant is not medically stable, the issues for hearing will not settle prior to hearing.

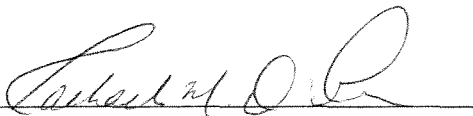
7. Assignment to the Commissioners: There is no need to assign this matter to the full Commission.

8. Whether a translator or assisted device is necessary: No translator or assisted device is necessary.

9. Other: Because calendars are constantly changing, the available dates which are given in this Response may not be available at the time the matter is calendared for hearing. Counsel for Defendants hereby request that the Commission conduct a status conference prior to setting a hearing date for the purpose of setting hearing and to ensure that the issues listed in the Notice of Hearing are correct. Counsel for Defendants believes a conference will avoid setting the hearing on unavailable dates and avoid mistakes in regards to the issues to be heard

DATED this 11th day of December, 2008.

ANDERSON, JULIAN & HULL LLP

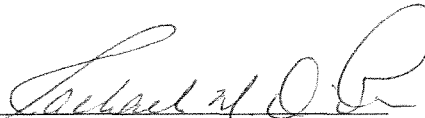
By: 
Rachael M. O'Bar, Of the Firm
Attorneys for Defendants

CERTIFICATE OF MAILING

I HEREBY CERTIFY that on this 14 day of December, 2008, I served a true and correct copy of the foregoing **RESPONSE TO CLAIMANT'S LETTERS FILED DECEMBER 3, 2008**, and **RESPONSE TO REQUEST FOR CALENDARING** by delivering the same to each of the following, by the method indicated below, addressed as follows:

James W. Clark
10402 Rail Road Lane
Payette, Idaho 83661

- U.S. Mail, postage prepaid
- Hand-Delivered
- Overnight Mail
- Facsimile



Rachael M. O'Bar

ATT Dena Burke 208-332-7558 FAX

To Industrial Commission Dec, 29, 2008

Case No. 200806268

TC No. 2008-013505

I James Clark Representing myself at this time.

Counsel for Defendants is requesting that the Commission conduct a status conference prior to setting a hearing.

The Defendants have denied to have a mediation to try and resolve this issue.

But Counsel for Defendants wants to conduct a status conference prior to hearing.

The issues listed in the notice of hearing are correct.

I am not willing to have a status conference prior to hearing and to delay this matter any further.

Thank you for your time.

Sincerely

James Clark

FILED
DEC 29 2008
INDUSTRIAL COMMISSION

ATT Dena Burke

To Industrial Commission (Dec 29, 2008
(I.C. NO. 08-013505) IC. NO. 08-013505

I, James Clark representing myself at this time is requesting to move forward for hearing.

Counsel for Defendants says they have an opening for March 4, 2008 so I am requesting hearing to be set for March 4, 2009.

I am in need of the med's that the insurance fund is ~~not~~ denying, and to have bills paid & mtgs to be paid, and to have surgery that Dr. Hansen is requesting.

Thank you for your time on these's matter's.

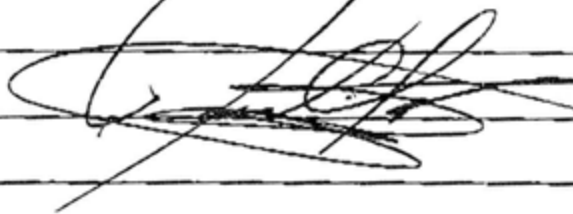
If you need more info please contact me at 208-405-9538.

IC. NO. 08-013505

Chin No 200806268

Sincerely

James Clark



FILED
DEC 29 2008
INDUSTRIAL COMMISSION

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,)
)
 Claimant,)
 v.)
 CRY BABY FOODS, LLC,)
)
 Employer,)
 and)
 IDAHO STATE INSURANCE FUND,)
)
 Surety,)
 Defendants.)

IC 2008-013505

CERTIFICATE OF SERVICE

FILED

DEC 31 2008

INDUSTRIAL COMMISSION

I hereby certify that on the 31st day of December, 2008, a true and correct copy of the CLAIMANT'S LETTERS FAX/FILED DECEMBER 29, 2008, (2 pages) in the above-entitled matter, was *Sent by Facsimile Machine Process* to the following:

Rachael M. O'Bar Fax#: 344-5510
P.O. Box 7426
Boise, ID 83707

INDUSTRIAL COMMISSION

Dena K. Burke
Dena K. Burke
Assistant Commission Secretary

 ORIGINAL

WORKERS' COMPENSATION COMPLAINT – FILED BY EMPLOYER AND SURETY

CLAIMANT'S NAME AND ADDRESS James Clark [REDACTED] Payette, Idaho 83661 TELEPHONE NUMBER: (208) 405-9538		CLAIMANT'S ATTORNEY'S NAME AND ADDRESS, AND TELEPHONE NUMBER <i>Pro se</i>	
EMPLOYER'S NAME AND ADDRESS (at time of injury) Cry Baby Food, LLC P.O. Box 647 Weiser, Idaho 83672		WORKERS' COMPENSATION INSURANCE CARRIER'S (NOT ADJUSTOR'S) NAME AND ADDRESS State Insurance Fund 1215 W. State Street P.O. Box 83720 Boise, Idaho 83720-0044	
CLAIMANT'S SOCIAL SECURITY NO. [REDACTED]	CLAIMANT'S BIRTHDATE [REDACTED]	DATE OF INJURY OR MANIFESTATION OF OCCUPATIONAL DISEASE 4/12/08 <i>4-17-08?</i>	
STATE AND COUNTY IN WHICH INJURY OCCURRED Idaho, Washington County		WHEN INJURED, CLAIMANT WAS EARNING AN AVERAGE WEEKLY WAGE OF: \$ <u>308.00</u> , PURSUANT TO IDAHO CODE <u>172-419</u>	
DESCRIBE HOW INJURY OR OCCUPATIONAL DISEASE OCCURRED (WHAT HAPPENED) Arm was pulled into rollers on an onion machine.			
NATURE OF MEDICAL PROBLEMS ALLEGED AS A RESULT OF ACCIDENT OR OCCUPATIONAL DISEASE Right forearm crush injury.			
WHAT WORKERS' COMPENSATION BENEFITS ARE YOU CLAIMING AT THIS TIME? Medical, travel reimbursement, time loss (TTD/TPD), permanent impairment, permanent partial disability, retraining.			
DATE ON WHICH NOTICE OF INJURY WAS GIVEN TO EMPLOYER 4/12/08		TO WHOM NOTICE WAS GIVEN: Shift Supervisor	
HOW NOTICE WAS GIVEN: <input checked="" type="checkbox"/> ORAL <input type="checkbox"/> WRITTEN <input type="checkbox"/> OTHER, PLEASE SPECIFY			

RECEIVED
INDUSTRIAL COMMISSION
JUDICIAL DIVISION
APR 17 2008

ISSUE OR ISSUES INVOLVED
 Defendants do not dispute the occurrence of the accident on April 17, 2008. Pursuant to Claimant's written submission filed with the Industrial Commission November 3, 2008, the Commission issued its Order Dismissing Complaint on November 26, 2008. Pursuant to Claimant's submissions on December 3 and December 4, 2008, Defendants hereby submit this Complaint on Claimant's behalf for the following issues:

1. Whether Claimant is entitled to additional medical benefits.
2. Whether Claimant is entitled to additional mileage reimbursement.
3. Whether Claimant is entitled to additional time loss benefits (TTD/TPD).
4. The extent of Claimant's permanent impairment (PPI).
5. The extent, if any, of Claimant's PPD.
6. Whether Claimant is entitled to retraining.

DO YOU BELIEVE THIS CLAIM PRESENTS A NEW QUESTION OF LAW OR A COMPLICATED SET OF FACTS? YES NO IF SO, PLEASE STATE WHY.

WHO TREATED CLAIMANT (NAME AND ADDRESS)

Dominic Gross, M.D.,
Robert Hansen, M.D., West Orthopedics, Caldwell, Idaho
Lifeways Mental Health Services, 702 Sunset Drive, Ontario, Oregon 97914

WHAT MEDICAL COSTS HAVE YOU INCURRED TO DATE?

WHAT MEDICAL COSTS HAS YOUR EMPLOYER PAID, IF ANY? \$ Under investigation WHAT MEDICAL COSTS HAVE YOU PAID, IF ANY? \$ Under investigation

I AM INTERESTED IN MEDIATING THIS CLAIM, IF THE OTHER PARTIES AGREE. YES NO

DATE

1/6/09

SIGNATURE OF CLAIMANT OR ATTORNEY

**PLEASE ANSWER THE SET OF QUESTIONS IMMEDIATELY BELOW
ONLY IF CLAIM IS MADE FOR DEATH BENEFITS**

NAME AND SOCIAL SECURITY NUMBER OF PARTY
FILING COMPLAINT

DATE OF DEATH

RELATION OF DECEASED TO CLAIMANT

WAS FILING PARTY DEPENDENT ON DECEASED?

YES NO

DID FILING PARTY LIVE WITH DECEASED AT TIME OF ACCIDENT?

YES NO

CLAIMANT MUST COMPLETE. SIGN AND DATE THE ATTACHED MEDICAL RELEASE FORM

CERTIFICATE OF SERVICE

I hereby certify that on the 6th day of January, 2009, I caused to be served a true and correct copy of the foregoing Complaint upon:

CLAIMANT'S NAME AND ADDRESS

SURETY'S NAME AND ADDRESS

James Clark

10402 Rail Road Lane

Payette, Idaho 83661

via: personal service of process
 regular U.S. Mail

via: personal service of process
 regular U.S. Mail

Signature

NOTICE! An Employer or Insurance Company served with a Complaint must file an Answer on Form I.C. 1003 with the Industrial Commission within 21 days of the date of service as specified on the certificate of mailing to avoid default. If no answer is filed, a Default Award may be entered!

Further information may be obtained from: Industrial Commission, Judicial Division, P. O. Box 83720, Boise, Idaho 83720-0041 (208) 334-6000

(COMPLETE MEDICAL RELEASE FORM ON PAGE 3)

ANDERSON, JULIAN & HULL LLP
C. W. Moore Plaza
250 South 5th Street, Suite 700
P. O. Box 7426
Boise, ID 83707-7426
Telephone: (208) 344-5800
Facsimile: (208) 344-5510
Alan K. Hull – ISB No.:1568
Rachael M. O’Bar – ISB No.: 5823

 ORIGINAL

2009 JAN -6 P 4:17
RECEIVED
INDUSTRIAL COMMISSION

Attorneys for Defendants

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

vs.

CRY BABY FOODS, LLC,

Employer,

and

IDAHO STATE INSURANCE FUND,

Surety,

Defendants.

I.C. No. 08-013505

**DEFENDANTS’ REQUEST
HEARING**

COME NOW the Defendants, by and through their undersigned counsel of record, and hereby respond to Claimant's Letter Filed December 29, 2008. Defendants herewith have filed a **COMPLAINT** to accommodate Claimant’s desire to pursue a hearing as follows:

Statement of readiness: Defendants believe this matter will be ready for hearing after March 2, 2009, provided Claimant executes medical and administrative records releases to allow Defendants the opportunity to fully investigate this claim. Defendants file herewith their **SECOND MOTION TO COMPEL DISCOVERY AND EXECUTION OF MEDICAL AND ADMINISTRATIVE RECORDS RELEASES.**

2. **Issues to be heard:** Pursuant to Claimant's request, the following issues should be heard:

1. Claimant's entitlement to additional medical benefits, including prescription costs.
2. Claimant's entitlement to travel reimbursement for transportation to Malhuer County Correctional Facilities.

As Claimant is not medically stable, Defendants reserve the issues of Claimant's entitlement to impairment, disability above impairment, and retraining.

3. **Location of hearing:** Boise, Idaho.

4. **Unavailable dates:** Counsel for Defendants has no time available for hearing prior to March 2, 2009. Thereafter, counsel is unavailable as follows:

March 4-6, 11-13, 17-27

April 6-8, 13-16, 20-22, 27-29

May 11-15, 25-28

June 4, 15-24

July 1-10, 2009

5. **Length of hearing:** One day, plus post-hearing depositions.

6. Settlement negotiations: As Claimant is not medically stable, the issues for hearing will not settle prior to hearing.

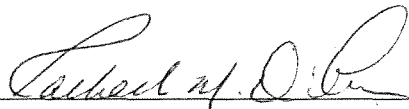
7. Assignment to the Commissioners: There is no need to assign this matter to the full Commission.

8. Whether a translator or assisted device is necessary: No translator or assisted device is necessary.

9. Other: Because calendars are constantly changing, the available dates which are given in this Response may not be available at the time the matter is calendared for hearing. Counsel for Defendants hereby request that the Commission conduct a status conference prior to setting a hearing date for the purpose of setting hearing and to ensure that the issues listed in the Notice of Hearing are correct. Counsel for Defendants believes a conference will avoid setting the hearing on unavailable dates and avoid mistakes in regards to the issues to be heard

DATED this 6th day of January, 2009.

ANDERSON, JULIAN & HULL LLP

By: 
Rachael M. O'Bar, Of the Firm
Attorneys for Defendants

CERTIFICATE OF MAILING

I HEREBY CERTIFY that on this 6th day of January, 2009, I served a true and correct copy of the foregoing **DEFENDANTS' REQUEST FOR HEARING** by delivering the same to each of the following, by the method indicated below, addressed as follows:

James W. Clark
10402 Railroad Lane
Payette, Idaho 83661

- U.S. Mail, postage prepaid
- Hand-Delivered
- Overnight Mail
- Facsimile



Rachael M. O'Bar

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,)
)
 Claimant,)
 v.)
)
 CRY BABY FOODS, LLC,)
)
 Employer,)
 and)
)
 IDAHO STATE INSURANCE FUND,)
)
)
 Surety,)
 Defendants.)
)

IC 2008-013505

NOTICE OF HEARING

FILED
JAN 13 2009
INDUSTRIAL COMMISSION

Pursuant to the telephone conference conducted by Referee Douglas A. Donohue on January 8, 2009, with all parties represented,

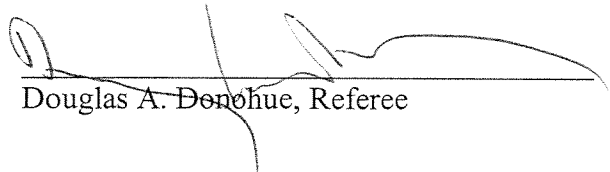
NOTICE IS HEREBY GIVEN that a hearing will be held in the above-entitled matter on **MARCH 13, 2009, AT 10:00 A.M., FOR ONE DAY**, in the Industrial Commission hearing room, 700 South Clearwater Lane, City of Boise, County of Ada, State of Idaho, on the following issues only:

1. Whether and to what extent Claimant is entitled to medical care; and
2. Travel reimbursement.

ALL OTHER ISSUES ARE RESERVED.

DATED this 13th day of January, 2009.

INDUSTRIAL COMMISSION


Douglas A. Donohue, Referee

CERTIFICATE OF SERVICE

I hereby certify that on the 13th day of January, 2009, a true and correct copy of the **NOTICE OF HEARING** was served by **UNITED STATES CERTIFIED MAIL** upon each of the following:

James W. Clark
10402 Rail Road Lane
Payette, ID 83661

Rachael M. O'Bar
P.O. Box 7426
Boise, ID 83707

and by regular United States mail to:

M. Dean Willis, CCR (855-9151)
P.O. Box 1241
Eagle, ID 83616

db

Dena K. Burke

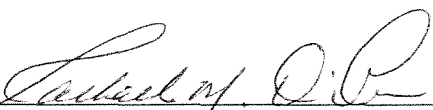
releases. Defendants further request that the Commission Order Claimant to provide complete discovery responses and signed releases within thirty (30) days and unless so made that the Commission issue an Order Dismissing the Complaint.

This Motion is based upon the documents, affidavits, pleadings, and records on file, including the Memorandum and Affidavit in Support of Defendants' Motion to Compel filed September 24, 2008, copies of which are attached to the Claimant's copy of this Motion for his convenience; pursuant to Rules 1, 7 and 16 of the Industrial Commission Judicial Rules of Practice and Procedure; I.C. §72-432 (10); *Curry v. Ace Supply, Inc.*, I.C. Nos. 90-690424 and 90-716438; 45 C.F.R. §164.502 and 164.508; and all other applicable law.

WHEREFORE, Defendants request that the instant Motion to Compel be granted and that Claimant be required to fully respond to Interrogatories to Claimant and Requests for Production of Documents and Things to Claimant, served August 15, 2008, and that Claimant be required to fully execute Defendants' HIPAA compliant Authorization and Direction for Release of Medical Records and facility-specific medical and administrative records releases.

DATED this 6th day of January, 2009.

ANDERSON, JULIAN & HULL LLP

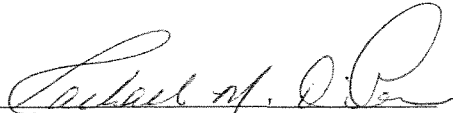
By: 
Rachael M. O'Bar, Of the Firm
Attorneys for Defendants

CERTIFICATE OF MAILING

I HEREBY CERTIFY that on this 16th day of January, 2009, I served a true and correct copy of the foregoing **SECOND MOTION TO COMPEL DISCOVERY AND EXECUTION OF MEDICAL AND ADMINISTRATIVE RELEASES** by delivering the same to each of the following, by the method indicated below, addressed as follows:

James W. Clark
10402 Railroad Lane
Payette, Idaho 83661

- U.S. Mail, postage prepaid
- Hand-Delivered
- Overnight Mail
- Facsimile



Rachael M. O'Bar

Claim No. 200806268 Jan 12, 2009

To Ms. OWENS,

I James Clark Representing myself at This Time is Requesting from The Idaho state Insurance Fund

All Medical Reports and Documents That you Received from ~~any~~ Sail Corporation out of Oregon.

I am also Requesting for all Medical Reports and Documents and Letter's That The Idaho state Insurance Fund Have Received Sent or Received from any Medical Provider's from The state of Oregon, or Idaho

in conjunction To my Injury of April 17, 2008 and To Claim no. 200806268 Sent To me no Later Than Feb. 1, 2009.

If you have any questions, please Contact me directly at 208-405-9538.

Sincerely,

James Clark

FILED
JAN 12 2009
INDUSTRIAL COMMISSION

- FAX -

1-208-332-7558

ATT

Dena Burke

FILED
JAN 12 2009
INDUSTRIAL COMMISSION

for The Commission

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,)
)
 Claimant,)
 v.)
 CRY BABY FOODS, LLC,)
)
 Employer,)
 and)
 IDAHO STATE INSURANCE FUND,)
)
 Surety,)
 Defendants.)

IC 2008-013505

CERTIFICATE OF SERVICE

FILED

JAN 13 2009

INDUSTRIAL COMMISSION

I hereby certify that on the 13th day of January, 200~~8~~, a true and correct copy of the CLAIMANT'S LETTER FAX/FILED JANUARY 12, 200~~8~~, (2 pages) in the above-entitled matter, was *Sent by Facsimile Machine Process* to the following:

Rachael M. O'Bar Fax#: 344-5510
 P.O. Box 7426
 Boise, ID 83707

INDUSTRIAL COMMISSION

Dena K. Burke
 Dena K. Burke
 Assistant Commission Secretary

ATTY Dena Burk

FAX


Date: Jan, 14, 2009

To
MS. OWENS
Claim NO. 200806268

Motion To Revise Show Cause
Hearing:

I James Clark Representing
myself at this time is ordering
MS Jewel Owen Senior Claims
Examiner and The Idaho state
Insurance Fund To Send:

To The Idaho Industrial
Commission & ALL Doctor Reports
and all medical Reports and all
Other Document From any other
Company medical or not By using
one or Both of These documents
From The state of Oregon or Idaho.
Only needs To Be sent To The
Idaho Industrial Commission.
only Documents Received or sent
By using ~~These~~ These document's need
To Be sent To The Commission.

Sincerely

James Clark

INDUSTRIAL COM.
JAN 14 2009
FILED



STATE INSURANCE FUND

*Att Mary
2 page*

August 7, 2008

SAIF CORPORATION
400 HIGH ST SE
SALEM OR 97312

RE: CLAIM #: 200806268
CLAIMANT: James Walter Clark
SSN: [REDACTED]
EMPLOYER: Cry Baby Foods
DOI: 4/17/08

7958170

Jesica

To Whom It May Concern:

The State Insurance Fund is the workers compensation carrier for Cry Baby Foods at which James Walter Clark has filed an industrial claim.

The State Insurance Fund is a member of the ISO Claim Search (ISO) system. We have received information from ISO that you have also reported workers compensation claims for James Walter Clark on May 9, 2005, February 13, 2006, and August 16, 2005.

Enclosed is a signed and dated medical release authorization. Please forward copies of all past medical records in reference to the claim reported to ISO. Submit this information to the STATE INSURANCE FUND, 1215 WEST STATE STREET, BOX 83720, BOISE, IDAHO 83720-0044.

Thank you for your assistance in this matter. If you have any questions, please contact me directly at (208) 332-2422.

Sincerely,

*Barbara
majewski*

JEWEL OWEN
Senior Claims Examiner
JO:lb-07230.doc

Enclosure

SAIF 08.11.08

5207102008026

Patient Name: JAMES CLARK
Birth Date: 11-10-58
Address: 10402 W. 1st Ave. Parkville, MO
Phone Number: 208-505-9538
SSN or Case Number: 548-02-8487

(Provider Use Only)
Medical Record Number: _____
a) Pick up Copies b) Fax Copies # _____
c) Mail Copies _____
d) Controlled by: _____

AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION

I hereby authorize Dr. Hansen to disclose health information as specified:
Provider Name - must be specific for each provider

To: _____
Insurance Company Third Party Administrator Self Insured Employer/SIP, their attorney or patient's attorney
Idaho State Insurance Group
Street Address _____
1215 W State Street Boise ID 83720
City State Zip Code

Purpose or need for data: Working
(e.g. Worker's Compensation Claim)

- Information to be disclosed: _____ Date(s) of Hospitalization/Care: _____
- Discharge Summary
 - History & Physical Exam
 - Consultation Reports
 - Operative Reports
 - Lab
 - Pathology
 - Radiology Reports
 - Entire Record
 - Other: Specify _____

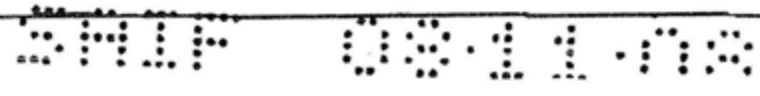
- I understand that the disclosure may include information relating to (check if applicable):
- AIDS or HIV
 - Psychiatric or Mental Health Information
 - Drug/Alcohol Abuse Information

I understand that the information to be released may include material that is protected by Federal Law (45 CFR Part 164) and that the information may be subject to redisclosure by the recipient and no longer be protected by the federal regulations. I understand that this authorization may be revoked in writing at any time by notifying the privacy officer, except that revoking the authorization won't apply to information already released in response to this authorization. I understand that the provider will not consider treatment, payment, enrollment, or eligibility for benefits on my signing this authorization. Unless otherwise revoked, this authorization will satisfy any resolution of worker's compensation claim. Provider, its employees, officers, copy service contractor, and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized by me on this form and as outlined in the Notice of Privacy. My signature below authorizes release of all information specified in this authorization. Any questions that I have regarding disclosure may be directed to the privacy officer of the Provider specified above.

Signature of Patient _____ Date 6-30-08

Signature of Legal Representative & Relationship to Patient/Authority to Act _____ Date _____

Signature of Witness _____ Title _____ Date _____



Att. Jena Burk

JAN. 14, 2009

To MB. OWEN +
The Idaho state Insurance Fund.
Claim NO 200806268

ALL I was asking for is help
on my Rent + elec.

and you all have done nothing But
to make me go crazy.

I have become a stronger person
after August 27, 2008

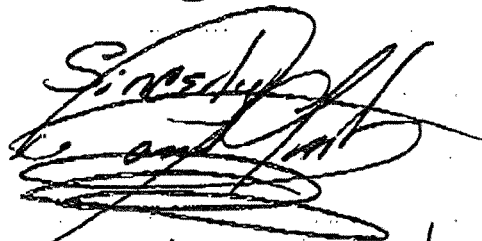
If I don't stand and Be strong
no one will do it for me.

and That is what I am about to
do.

If I don't do what you ask you
can cut me off.

who will ~~be~~ Punish you for your
Action? and when you Break Laws.

You will see The Person That is going
To stand and fight at any cost on
march 13, 2009.



James Clark

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,)
)
 Claimant,)
 v.)
)
 CRY BABY FOODS, LLC,)
)
 Employer,)
 and)
)
 IDAHO STATE INSURANCE FUND,)
)
 Surety,)
 Defendants.)

IC 2008-013505

CERTIFICATE OF SERVICE

FILED

JAN 15 2009

INDUSTRIAL COMMISSION

I hereby certify that on the 15th day of January, 2008, a true and correct copy of the CLAIMANT'S LETTER ENTITLED "MOTION TO REVISE SHOW CAUSE HEARING" WITH ATTACHMENTS FAX/FILED JANUARY 14, 2008, (4 pages) in the above-entitled matter, was *Sent by Facsimile Machine Process* to the following:

Rachael M. O'Bar Fax#: 344-5510
 P.O. Box 7426
 Boise, ID 83707

INDUSTRIAL COMMISSION


 Dena K. Burke
 Assistant Commission Secretary

Jan, 15, 2009

Before The Industrial Commission
of The state of Idaho:

Claim NO. 200806268 A/O2

IC NO. 2008-013505

I James Clark Representing
myself at this time would like
to revise my show-cause hearing
and this Bill of 161.05 to
be added for a Bill that Dr Heriza
Request.

Dr. Heriza is a Doctor
that the Idaho state Insurance
fund is paying for me to see
do to my injury on April 17, 2008.

If you have any questions,
Feel free to contact me directly
at (208)405-9538.

2009 JAN 20 1 P 1:27
RECEIVED
INDUSTRIAL COMMISSION

Sincerely
Injured work.


James Clark



1100 Southgate
 PO Box 1208
 Pendleton, OR 97801-0780
 www.interpathlab.com

Billing Questions/Payment Arrangements:
 Phone: (866) 289-4093 Toll-free
 Hours: 7:00 AM - 5:30 PM PST
 Email: billing@interpathlab.com

1oz - 673 - 716
 JAMES CLARK
 10402 Railroad Ln
 Payette ID 83661-5367



Services For: JAMES CLARK		Account # 195221
Check Card Using For Paym. <input type="checkbox"/> VISA Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover		Statement 366714
Card Number		Exp. Date
Signature		Security Code
Statement Date 12/16/2008	DUE UPON RECEIPT \$161.05	Amount Paid

Interpath Laboratory Inc.
 PO Box 1208
 Pendleton OR 97801-0780



STATEMENT DETAIL

DATE	DESCRIPTION	ORDERING PROVIDER	CHARGES	PAYER PAYMENTS	PATIENT PAYMENTS	ADJUSTMENTS	BALANCE	PAYER ADVICE
10/28/2008	Comprehensive Metabolic	HERIZA	\$29.54	\$0.00	\$0.00	\$0.00	\$29.54	
10/28/2008	CBC	HERIZA	\$21.72	\$0.00	\$0.00	\$0.00	\$21.72	
10/28/2008	TDM Carbamazepine	HERIZA	\$50.85	\$0.00	\$0.00	\$0.00	\$50.85	
10/28/2008	Thyroid Stimulating Hormone	HERIZA	\$46.94	\$0.00	\$0.00	\$0.00	\$46.94	
10/28/2008	Draw Fee	HERIZA	\$12.00	\$0.00	\$0.00	\$0.00	\$12.00	

SE HABLA ESPAÑOL

MESSAGES

Your account is currently Past Due. To discuss payment arrangements please call (866) 289-4093.

Beth

DEC-30
 ↓

RECEIVED
 INDUSTRIAL COMMISSION
 2009 JAN 20 11:27


AMOUNT DUE
 \$161.05

JAN 16, 2009
BEFORE THE INDUSTRIAL COMMISSION
OF THE STATE OF IDAHO:
CLAIM NO. 200806268 A/02
IC NO. 2008-013505

I JAMES CLARK REPRESENTING
MYSELF AT THIS TIME IS REQUESTING
AT THIS TIME THAT THE INDUSTRIAL
COMMISSION REFILE MY COMPLAINT
THAT THE COMMISSION DISMISSED,
WITHOUT PREJUDICE, PURSUANT TO
RULE 12(D), SRP. ON NOV. 26TH 2008.

IF YOU HAVE ANY QUESTIONS,
PLEASE CONTACT ME DIRECTLY AT
(208) 405-9538

Sincerely,


James Clark

RECEIVED
INDUSTRIAL COMMISSION
JAN 20 11 P 1:28

Jan. 17, 2009
Before The Industrial Commission
of The state of Idaho:
Claim NO. 200806268
I C NO 2008-013505

RECEIVED
INDUSTRIAL COMMISSION
2009 JAN 20 1 P 1:28

I James Clark Representing
myself at This would Like To Bring
To The Industrial Commission of
The state of Idaho's Attention
That Rules and Laws are Being
~~Broken~~ Broken By The Idaho state Insurance
Fund and Ms. Owen (Senior Claims
examiner) for The Idaho state
Insurance Fund.

Fact-1

I know for a fact That Carol Harland
and Sand Baskett had an unknowly
Doctor Syne off on a Job site
Evaluation That Could not Be
Performed Even if it was given to
me before I was To Return to work.
On May 29, 2008 To a Dr gross.

page 1 of 3 pages. ~~ONE OF TWO~~

Fact-2

I know for a fact that MS Owen (Senior Claims Examiner) and The Idaho State Insurance Fund.

Received Medical Reports and other material this is protected by a Federal Law without my authorization or permission from The Idaho Department of Correction in Boise Idaho sometime between April 17, 2008 ~~to~~ through to Oct 27, 2008.

Fact-3

Fact is again on August 7, 2008 MS Owen and The Idaho State Insurance Fund wrote & received medical reports and other material that is protected by a Federal Law from Safit Corporation out of Salem Oregon. without my permission or authorization again that is protected under a federal law.

2 of 3 pages ~~two of two~~ R-

If you have any questions,
Feel free to contact me
directly At (208) 405-9538.

Sincerely,
James Clark
Injured work

A handwritten signature in cursive script, appearing to read 'James Clark', with a horizontal line drawn through it.

Page 3 of 3

235

Jan 18, 2009

To MS OWEN (Senior Claims Examiner)
and The Idaho State Insurance Fund
and Through Their Attorney
Rocky O'Bar.

Claim NO 200806268

IC NO 2008-013505.

I James Clark Representing
myself at this time is offering
a Perross Settlement agreement
of:

400,000 Thousand Dollar's:

If this settlement agreement
is not reach before March 13, 2009
Between the Defendants, and the
Claimant, the Defendants will
leave me with no other choice
but to proceed with Filing Criminal
Charges before a Federal Court.

Settlement agreement
and stipulations:

Stipulation 1 - 400,000 Dollar's.
Stipulation 2 - 200,000 Dollar's
At Time of agreement.

gg lops

236

Stipulation 3- Remainder of 200,000 Dollars will be Paid over a Two year Period.

First Payment Due Jan 1, 2010 for \$100,000 Dollars

Second Payment Due on Jan 1, ~~2011~~ 2011. for last payment ~~plus interest~~ of 100,000 Thousand Dollars for a Total amount of 400,000 Thousand Dollar To Be Paid over a 2 year Period.

This 400,000 Thousand Does not ~~is~~ enclosed medical.

To sell off medical it will cost an extra 200,000 Dollars witch will Be Paid over a four year Period with First Payment Due on Jan 1, 2012. of 100,000 Thousand Dollars. Second Payment and Last is Due on Jan, 2013. of 100,000 Thousand Dollars plus Interest.

for a grand Total of 600,000 Thousand Dollars plus Interest To Be Paid over a 4 year Period.

Stipulation-4

If I should Die for any Reason The Remainder of The Settlement agreement Sum Is To Be Divided Between:

- 1- Kindall Rea Clark (Daughter) SSN. _____
- 2- Nathan Michael Clark (son) SSN. _____
- 3- Connor William Baldwin (grandson) SSN. _____
- 4- Joseph Lee Ellwood SSN. _____
- 5- Linda Jean Ellwood SSN: _____

So The Idaho state Insurance fund Does not Profit from my Death.

Stipulation-5 and final:

after The operation To my Right Hand I am granted 3 month of

4 To 5 days a week or as needed.

This settlement agreement
is NON negotiable under
any Reason.

ALL I want to Do and Be
able to do is on march 13, 2009
is to wake up get Dress and walk
out my front Door and Be able
to Have my Life Back and to Be
able to get in my Truck and go and
SEE who I want to SEE go and
Do Things I want to do.

This Has been a Trag-e-dy, dramatic event
That was no fault of mine and
OSHA Report will Back me up on
fault.


I am Said to SEE This had to
Come to This.

But all I was asking for is
a little Help on my Power Bill
with the City of Weiser and
to Help me on my Rent for Two
mounthis what was wrong with that.

If you have any questions,
please feel free to contact
me directly at: (208) 405-9538.

Remember this settlement
agreement is non negotiable
under any reason.

Sincerely


James Clark

page 5 of 5

240

Jan 19, 2009

Before The Industrial Commission
of The state of Idaho:

Claim NO-200806268

IC NO-2008-013505

Request for mediation Hearing.


2009 JAN 21 P 1:10
RECEIVED
INDUSTRIAL COMMISSION

I James Clark Representing myself
at this time is requesting for
MS Owen (Senior Claims Examiner)
and The Idaho state Insurance
fund to have a mediation hearing
so we can resolve these issues
and to show to The Idaho state
Insurance fund and to The
Industrial Commission why it
would be over all wise for The
Idaho state Insurance fund
to except my 600,000 Dollar
Settlement before March 13, 2009.

This offer will no longer be
negotiable after March 13, 2009th

If you have anymore question please
Contact me Directly at (208) 405-9538

Sincerely,


James Clark

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,)
)
 Claimant,)
 v.)
)
 CRY BABY FOODS, LLC,)
)
 Employer,)
 and)
)
 IDAHO STATE INSURANCE FUND,)
)
)
 Surety,)
 Defendants.)
 _____)

IC 2008-013505

CERTIFICATE OF SERVICE

FILED
JAN 21 2009
INDUSTRIAL COMMISSION

I hereby certify that on the 21st day of January, 2009, a true and correct copy of the CLAIMANT'S LETTERS FILED JANUARY 20, 2009, (12 pages) in the above-entitled matter, was *Sent by Facsimile Machine Process* to the following:

Rachael M. O'Bar Fax#: 344-5510
P.O. Box 7426
Boise, ID 83707

INDUSTRIAL COMMISSION

Dena K. Burke
Dena K. Burke
Assistant Commission Secretary

Art
Dena Burk

FAX

Jan, 22, 2009

To Mrs Owen and
Idaho state Insurance Fund
Claim no. 2008002108
I.C. no. 2008-013505

I James Clark Representing
myself at this time.

I James Clark is withdrawing
my Perposs Settlement agreement
at this time.

only The perposs settlement
agreement Dated Jan 18, 2009
That The Idaho Industrial
Commission of The state of Idaho
Received on Jan 20, 2008 is
Being Withdau.

Sincerely
~~Edward [unclear]~~
James Clark

FILED
JAN 22 2009
INDUSTRIAL COMMISSION

Fax 208-332-7558

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,)
)
 Claimant,)
 v.)
)
 CRY BABY FOODS, LLC,)
)
 Employer,)
 and)
)
 IDAHO STATE INSURANCE FUND,)
)
 Surety,)
 Defendants.)
 _____)

IC 2008-013505

CERTIFICATE OF SERVICE

FILED

JAN 22 2009

INDUSTRIAL COMMISSION

I hereby certify that on the 25th day of January, 2009, a true and correct copy of the CLAIMANT'S LETTER FILED JANUARY 22, 2009, (1 pages) in the above-entitled matter, was *Sent by Facsimile Machine Process* to the following:

Rachael M. O'Bar Fax#: 344-5510
P.O. Box 7426
Boise, ID 83707

INDUSTRIAL COMMISSION

Dena K. Burke
Dena K. Burke
Assistant Commission Secretary

~~COPY~~ ~~COPY~~ ORIGINAL
original
WJ

ANDERSON, JULIAN & HULL LLP
C. W. Moore Plaza
250 South 5th Street, Suite 700
P. O. Box 7426
Boise, ID 83707-7426
Telephone: (208) 344-5800
Facsimile: (208) 344-5510
Alan K. Hull – ISB No.:1568
Rachael M. O’Bar – ISB No.: 5823

2009 JAN 22 10 4: 26
RECEIVED
INDUSTRIAL COMMISSION

Attorneys for Defendants

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

vs.

CRY BABY FOODS, LLC,

Employer,

and

IDAHO STATE INSURANCE FUND,

Surety,

Defendants.

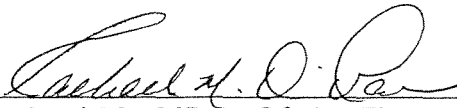
I.C. No. 08-013505

**RESPONSE TO CLAIMANT’S
SECOND REQUEST FOR
MEDIATION**

COME NOW the Defendants, by and through their undersigned counsel of record, and respond to Claimant's January 19, 2009, Request for Mediation Hearing. Claimant is still not medically stable and is receiving medical treatment and time loss benefits in connection with the claimed industrial injuries. As such, this claim is not ripe for mediation.

DATED this 22nd day of January, 2009.

ANDERSON, JULIAN & HULL LLP

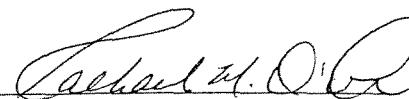
By: 
Rachael M. O'Bar, Of the Firm
Attorneys for Defendants

CERTIFICATE OF MAILING

I HEREBY CERTIFY that on this 22nd day of January, 2009, I served a true and correct copy of the foregoing **RESPONSE TO CLAIMANT'S SECOND REQUEST FOR MEDIATION** by delivering the same to each of the following, by the method indicated below, addressed as follows:

James W. Clark
10402 Rail Road Lane
Payette, Idaho 83661

- U.S. Mail, postage prepaid
- Hand-Delivered
- Overnight Mail
- Facsimile


Rachael M. O'Bar

1st - FAX -

Att Dena Burk
208-~~377~~-7558
332-

BE for The Industrial
Commission of The State of Idaho

James W. Clark,
Claimant,

vs.

Cry Baby Foods, LLC,
Employer,

and

Idaho state Insurance fund,
Surety,
Defendants.

IC. number,
08-013505

memorandum
in Support
of motion
TO
COMPEL

COME NOW The
Claimant by and through
~~his~~ undersigned Counsel of
Record, And hereby Submit
This memorandum in
Support of motion To
COMPEL.

JAN 26 2009
INDUSTRIAL COMMISSION

FILED

motion To COMPEL - 1 of 10

Response: To Defendants
and Through Their undersigned Counsel
of Record, of Their Request
" Memorandum in Support
of motion To Compel -

Page 3 - II. ~~an~~ argument
and AUTHORITY.

The fundamental Purpose
of The Idaho Rules of Civil
Procedure and The Federal
Counterpart is To "SECURE
The JUST, Speedy and
inexpensive determination
of EVERY ACTION AND
PROCEEDING." I.R.C.P. 1(a)
Sure and Certain Relief
under The Idaho Worker/
Compensation Act IS
ACHIEVED UPON THE
INDUSTRIAL COMMISSION
OF THE STATE OF IDAHO

motion To Compel - 2

OPERATION AND
IMPLEMENTATION OF
RELEVANT STATUTES
TO ADDRESS DISPUTES
AND QUESTIONS ARISING
FROM THE WORKER'S
COMPENSATION LAWS.

~~THIS HEARING HAS
NOTHING TO DO WITH
THE HEARING THAT THIS
HEARING~~

DEFENDANT'S RESPONSE:

CLAIMANT'S REQUEST FOR
HEARING IS PREMATURE:

THIS HEARING IS NOT
PREMATURE.

AND BY THEIR STATEMENT
PG. 4 LINE 14. THEN TO

LINE'S 8 THRU 10 IS TRUE

THAT MEANS THAT IF MY
(CLAIMANT'S) MEDICAL,
IMPAIRMENT, AND VOCATIONAL
ISSUES OF DISABILITY

MOTION TO COMPEL - 3

13

And Entitlement To
retraining are already
Before The Commission
for determination, then
it also ~~is~~

IS Premature.

Although The Defendants
May be CONFUSED
About The procedural
aspects of Pursuing a
Claim.

I James Clark injured
worker IS Intitled To
Sure and Certain relief
under The Idaho Worker's
Compensation Act is achieved
upon The Industrial Commission
of The state of Idaho's
Operation and Implementation
of relevant disputes and
questions arising from The
Worker Compensation Laws

Motion To Compel - 4

I James Clark Injured
work I'm asking the
Industrial Commission of the
State of Idaho to move
forward with my hearing
and to make the Idaho state
Insurance Fund and their
Attorney, to produce document
requested ~~to~~ by the claimant
to the Commission.

I am also requesting that
the Industrial Commission
of the state of Idaho ~~shall~~ shall
set aside all other matters
pending before the Industrial
Commission of the state of
Idaho other than settlement
agreement offers till this
hearings heard.

I.C. § 72-432 (10) (emphasis added).

The Legislature's USE OF
THE WORD "SHALL"
denotes a mandatory, not

motion to compel - 5

ATT Dena Burk
208-~~377~~-7558
332-

BE for The Industrial
Commission of The State of Idaho

James W. Clark,
Claimant,

vs.

Cry Baby Foods, LLC,
Employer,

and

Idaho state Insurance fund,
Surety,
Defendants.

IC - number,
08-013505

memorandum
in support
of motion
TO
COMPEL

COME NOW The
Claimant by and through
~~his~~ undersigned Counsel of
Record, and here by submit
this memorandum in
support of motion to
COMPEL.

FILED

JAN 26 2009

INDUSTRIAL COMMISSION

motion to COMPEL - 1 of 10

Response To Defendants
and Through Their undersigned Counsel
of Record, of Their Request
"Memorandum in support
of motion To Compel"

Page 3 - II. ~~As~~ argument
and AUTHORITY

The fundamental Purpose
of The Idaho Rules of Civil
Procedure and The federal
Counterpart is to "SECURE
The JUST, Speedy and
inexpensive determination
of EVERY ACTION AND
PROCEEDING." I.R.C.P. 1(a)
Sure and Certain Relief
under The Idaho Worker's
Compensation Act IS
ACHIEVED UPON THE
INDUSTRIAL COMMISSION
OF THE STATE OF IDAHO

motion To Compel - 2

OPERATION AND
IMPLEMENTATION OF
RELEVANT STATUTES
TO ADDRESS DISPUTES
AND QUESTIONS ARISING
FROM THE WORKER'S
COMPENSATION LAWS.

~~THIS HEARING HAS
NOTHING TO DO WITH
IT IS CLEAR THAT THIS
HEARING~~

DEFENDANT'S RESPONSE:
CLAIMANT'S REQUEST FOR
HEARING IS PREMATURE:
THIS HEARING IS NOT
PREMATURE.

AND BY THERE STATEMENT
PG. 4 LINE 11. THEN TO
LINE'S 8 THRU 10 IS TRUE
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(CLAIMANT'S) MEDICAL,
IMPAIRMENT, AND VOCATIONAL
ISSUES OF DISABILITY

MOTION TO COMPEL - 3

73

And Entitlement To
retraining are already
Before The Commission
for determination, then
it also ~~is~~

IS Premature.

Although The Defendants
may be CONFUSED
About The procedural
aspects of Pursuing a
Claim.

James Clark injured
worker IS Entitled To
Sure and Certain relief
under The Idaho Worker's
Compensation Act is achieved
upon The Industrial Commission
of The state of Idaho's
Operation and Implementation
of relevant disputes and
questions arising from The
Worker Compensation Laws

Motion To Compel - 41

I James Clark Injured
 work IS asking The
 Industrial Commission of The
 state of Idaho To MOVE
 forward with my hearing
 and To make The Idaho state
 Insurance fund and There
 Attorney, To Produce document
 Requested ~~to~~ by The Claimant
 To The Commission.

I am also requesting That
 The Industrial Commission
 of The state of Idaho ~~shall~~ ~~shall~~
 Set aside all other matters
 Pending Befor The Industrial
 Commission of The state of
 Idaho other Then Settlement
 agreement offers till This
 Hearings Heard.

I. C. § 72-432 (10) (emphasis added).
 The Legislature's USE OF
 The word "SHALL"
 denotes a mandatory, not
 motion To Compel - 5

A discretionary ACT.

Madison v. J. R. Morgan Inc.,
115 Idaho 141, 144, 765 P.2d
652 (1988). Statutes are to be
construed to ascertain and
give effect to the purpose
of the ~~purpose~~ legislation
and to give force and effect
to every part of the provision.

Dohl v. PSF Industrial, Inc,
127 Idaho 232, 237, 899 P.2d
445 (1995). Further, the
Industrial Commission of
the state of Idaho is limited
to the power and authority
granted by the legislature
and lacks authority to alter,
amend, or enlarge legislation.
See Roberts v. Transportation
Dep't., 121 Idaho 727, 732,
828 P.2d 1178 (Ct. App. 1991).

motion To Compel - 6

The Industrial
Commission of The state
of Idaho and its hearing
officers are constrained by
clear statutory wording even
if the result is:

Harsh and
Arbitrary.

Petrie v. Spaulding Drywall,
117 Idaho 382, 384, 788 P.2d
197 (1990).

Motion To Compel- 7

②

CONCLUSION

The ISSUE AT Hand AT This moment OF my Rights To Future or Past Medical and Impairment Rating, IS NOT AT ISSUE

It is About Rules That are set by The Legislature's and There Laws That are at ISSUE

Its is my Dutie and my Right to Bring To The Industrial Commissions Att. If I fill if These Rules and LAWS or Being Violated.

My Hole Future is on The Line By if i dont follow Rules.

I fill I am The one Being ambush.

motion To Compel - 8

Claimant has been and continues to be prejudiced by way of EXPENDITURE OF TIME and RESOURCES, as well AS EXPOSURE TO MORE stress AND Hardship.

Based upon the foregoing argument and Authority, Claimant Request That The Industrial Commission of the state of Idaho grant Claimants' motion to Compel And order Defendants To Provide Document To The Industrial Commission That was Requested by The Claimant To Be Sent and That The Hearing Set for:

March 13, 2009
To go FORWARD.

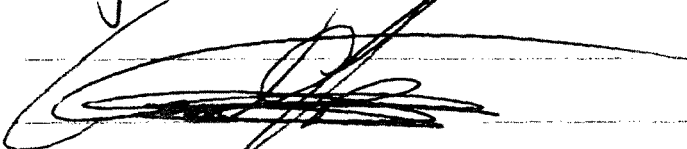
motion To Compel - 9

Thank you for your
ASSistance in this matter.

If you have any questions,
Please feel free to contact
me Directly At:
208-405-9538

Sincerely,

James Clark
injured worker



Motion To Compel - 10

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,)
)
 Claimant,)
 v.)
)
 CRY BABY FOODS, LLC,)
)
 Employer,)
 and)
)
 IDAHO STATE INSURANCE FUND,)
)
 Surety,)
 Defendants.)

IC 2008-013505

CERTIFICATE OF SERVICE

FILED

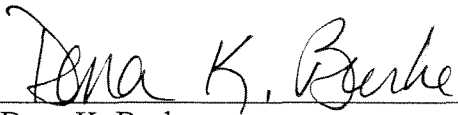
JAN 26 2009

INDUSTRIAL COMMISSION

I hereby certify that on the 26th day of January, 2009, a true and correct copy of the
**CLAIMANT'S DOCUMENT "MEMORANDUM IN SUPPORT OF MOTION TO
 COMPEL FILED JANUARY 26, 2009, (15 pages) in the above-entitled matter, was Sent by
 Facsimile Machine Process** to the following:

Rachael M. O'Bar Fax#: 344-5510
 P.O. Box 7426
 Boise, ID 83707

INDUSTRIAL COMMISSION



 Dena K. Burke
 Assistant Commission Secretary

Defendants without altering in any way the text of the releases or limiting the persons to whom they may be sent. Sanctions against Claimant for noncompliance with the Commission's earlier ORDER shall be added as an issue for hearing. Moreover, if Claimant fails or refuses to fully comply with this second ORDER, further sanctions may be imposed, including dismissal of his Complaint with prejudice.

SECOND: On January 12, 2009, Claimant sent correspondence to Defendants requesting a copy of certain medical and other documents. On January 14, 2009, Claimant filed a "Motion to Revise Show Cause Hearing." Essentially, it requests that Defendants be required to submit certain documents to the Commission. On January 26, 2009, Claimant filed a "Memorandum in Support of Motion to Compel." This correspondence and motion shall be treated as a motion to compel production of documents. On January 21, 2009, Defendants sent correspondence to Claimant in which they agreed to send the documents. There is no indication in the record that Defendants have done so, or are obligated to do so yet under the rules pertaining to timeliness.

Nevertheless, Claimant's motion is GRANTED in part. Within five (5) days after Defendants receive appropriate responses and documents from Claimant which conform to the ORDERS compelling Claimant to respond to Defendants' discovery requests, Defendants are ORDERED to provide Claimant with the documents requested by him. To the extent that Claimant requests that Defendants submit the documents to the Commission, Claimant's motion is DENIED. The Commission's Judicial Rules of Practice and Procedure (JRP) are to be followed with respect to advising the Commission of compliance without sending actual documents to the Commission.

To the extent Claimant requests the Commission "shall set aside all other matters," Claimant's motion is DENIED. Claimant has no standing to deny hundreds of other injured workers their right to the Commission's ear in considering their benefits.

THIRD: On January 15, 2009, Claimant requested a medical bill dated December 16, 2008 be included for consideration at hearing. Issues identified for hearing are stated generally to allow inclusion of such additional information and items. Claimant may bring all such bills to hearing to be considered. A separate order allowing consideration of each separate bill is unnecessary. The above-described bill will be considered at hearing.

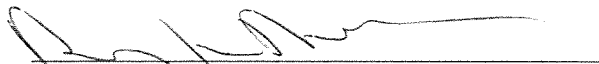
ORDER ON MOTION TO COMPEL AND ON OTHER MATTERS - 2

FOURTH: Claimant is advised that it is unnecessary and inappropriate to copy the Commission regarding settlement demands. Further, mediation is a voluntary procedure. The Commission will not compel any party to participate in mediation.

IT IS SO ORDERED.

DATED this 6th day of February, 2009.

INDUSTRIAL COMMISSION



Douglas A. Donohue, Referee

ATTEST:



Assistant Commission Secretary



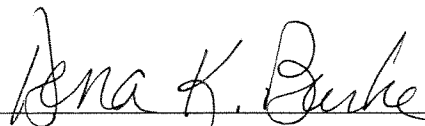
CERTIFICATE OF SERVICE

I hereby certify that on the 6th day of February, 2009, a true and correct copy of the **ORDER ON MOTION TO COMPEL AND ON OTHER MATTERS** was served by regular United States Mail upon the following:

James W. Clark
10402 Rail Road Lane
Payette, ID 83661

Rachael M. O'Bar
P.O. Box 7426
Boise, ID 83707

db



Rena K. Burke

-FAX-

208-337-2221
208-344-5510

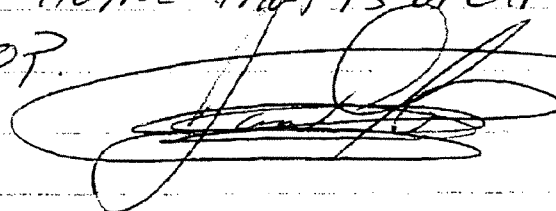
Att Dana Surk

Mr Hall Claim- 2-6-09
Our file no. 638-211

Claim no 20806268 IC No 2008-013505

I am requesting from
The Idaho state Insurance
fund to send me copies
of medical procedure that
you pay at 7⁰⁰ dollar's an
hour so I can contact
them, so I can set up
medical care for my ~~the~~
~~the~~ surgical procedure
by Dr Hansen, on Feb 12
2009. I am not allowed to
drive do to court order.

~~I hope to have~~ If I can
not find anyone then I will
have no other choice but to be
kept after surgical procedure
in the hospital do to I can
not find anyone that will
care for me after ~~written~~
one return home that is order
By Doc or



INDIANA INDUSTRIAL COMMISSION
2008-01-13 3:13

1 pgs
starting with
this
Page

Att-Der Burk w/ Commission 332-7558 - FAX

Att Mr Hull ISIF's Attorney 344-5510

Feb 9, 2009

Before The Commission of
The state of Idaho:

T.C. NO. 08-013505

Claim NO. 200806268 A/02

FILED
FEB - 9 2009
INDUSTRIAL COMMISSION

I James Clark Representing
myself at this time is Requesting
from The Commission of The State
of Idaho for more time to get
together Document's Requested
By Defendants.

Reason for more time:

I am to have surgery on
Feb 12, 2009 I will at
least need 2 weeks to recover
from the surgery and to come
down off the medication that
I will be on following my
surgery on Feb 12, 2009

Thank you for your time
on this matter.

Sincerely
James Clark

Pages starting with THIS

1 pg

~~Dana Burk~~

To Mr. Donohu Sir of The
Industrial Commission of
The state of Idaho.

Response To your letter I
Received on ~~Feb~~ Feb 7, 2009.

I am Sorry for wasting your
Time and I guess my Time
also.

I Can not Believe That
The Idaho state Insurance
Fund Is getting away with
The Tricks + The Schemes and
as The Industrial Commission
of the state of Idaho allows
Them To do it without looking
into my allegations.

And Then Have The Nerve
To do what They had Just Done
on Jan 27 2009 Something
is not Right and if you don't

pg 1 of 2

Look into This matter Then there
is unjustice going on.

This was a ~~Agreement~~ Deal
~~That~~ That was Set up Between
~~The~~ The Idaho State Insurance Fund
Through There Attorney MS. O'Bar
and myself That was Put in
a Letter and one fax and
one mail to me.

I have no more to say But
If They had made This
Deal with a Attorney
if I had one (I wish)

The Idaho Insurance Fund
~~that~~ and Through There Attorney
Anderson Julid and Hull would not
Have ~~But~~ Puled This
Start.

PS. NO ONE NO ONE

Can say I have not

tried to bring

These fact Before

The Industrial Commission of
The state of Idaho.

19 2012

Feb 9, 2009

Mr Hull

In Regards To your letter
Dated Feb 4, 2009

That I will be expected
To undergo Surgery at The
Time and Date That Dr Hansen
Has Set.

Then your Clients Better get
on The Ball and get me set up
for Transportation To and from
my Date of Surgery and The
Home Care that I need following
my Return Home on Feb 12, 2009.

If you Can not Find Someone
To stay at your 700 hr Cost.

I will not Put my Life in The
Hands of Someone That I don't
Know If I do not feel
Safe with The Partiz or Provider
That You Set up To Bring me
Home and to stay I will

Request my Dr To keep me
over night and Then your Client
Can Pay to Have Someone To Come
Pick me up The next morning
on Jan 13, 2009 to take ^{me} home.

pg 1 of 2

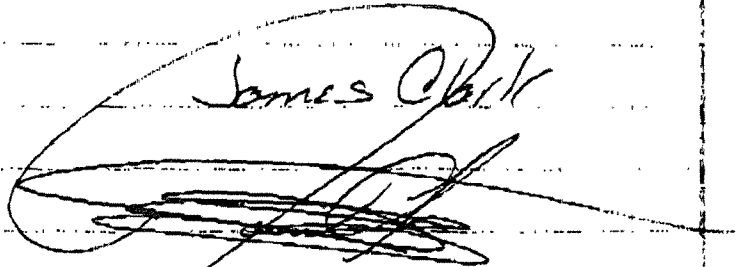
claim no 800806268
IC no. 08-03505
Pg 4

2

I will be waiting at my Home for someone to come and take me to my surgery that you send on ~~Feb 10~~ Feb 10, 09

Its The Responsibility of The Idaho state Insurance Fund to make sure these needs are met before surgery takes place

James Clark



P3 In your letter dated Feb 4 2009 that you sent this money for care I'm still waiting. James Clark has not received any money for care so can you explain to me what your talking about

PS

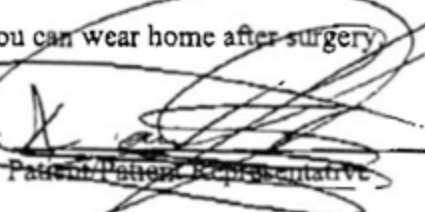
pg 2 of 2



Attⁿ MS. O'Bar 3:30
208-344-5510 455-5802
PRE-OPERATIVE INSTRUCTIONS

Patient Name: James Clark	
Surgery Date: 1-29-09	Surgeon: Dr. Hansen

1. Please arrive at West Valley Medical Center on: Mon / Tues / Wed / Thurs / Fri, January 29, 2009, at 12:45 a.m. (p.m.)
2. Your surgery is scheduled for 2:15 a.m. (p.m.); however, we need time to prepare you for surgery. Do not bring children to the hospital with you.
3. Inform your doctor if you have a cold, infection, fever or illness. If a cancellation is necessary for any reason, please call your doctor AND (208) 459-4641 and ask for the Nursing Supervisor.
4. Do Not eat or drink anything after midnight the night before surgery. You cannot have surgery if you have eaten or had anything to drink. No gum, mints, or chewing tobacco either. Ask your doctor about your routine medications.
Perphenazine with a small sip of water - A.M. and Noon only.
5. Please take your usual shower or bath prior to coming to the hospital. When you brush your teeth, please be careful not to swallow any water.
Water only until 10:00 A.M. then nothing by mouth.
6. Please do not bring any valuables (money, jewelry, etc.) with you to the hospital. Please do not wear contacts to the hospital; glasses are preferred. If you must wear contacts, bring your case to store them. Please do not wear any nail polish or makeup.
Cleanse right wrist with scrub brush for 3 minutes then rinse well.
7. Bring a list with you to the hospital of all medications that you are currently taking.
8. Please make arrangements for someone to be with you prior to surgery and to wait and drive you home after surgery. You will not be allowed to drive yourself home.
May take Norco (pain med) when you first wake up.
9. You will need to have someone stay with you on the day you return home.
with water only.
10. A parent or legal guardian must accompany a minor to the hospital, both to pre-register and the day of surgery to sign consent forms.
11. If your child is having surgery, you must remain with your child after they return from recovery.
12. Only one family member or visitor will be allowed to wait with you in the Day Surgery Unit.
13. Activities the day of surgery: (a) pre-op medications; (b) to OR on stretcher; (c) to OR suite (BP cuff, electrodes, sedation (sleep medication)); (d) to Recovery Room (BP cuff, pulse oximeter, oxygen mask); (e) to room (frequent vital signs, IV's, voiding, specific to diagnosis); (f) pain medications; (g) special equipment; and (h) post-op teaching.
14. Wear comfortable clothes that you can wear home after surgery.

Signature: 
Patient Representative

CLARK, JAMES W
M00400149780 PRE SOC
01/29/09 Hansen, Robert G *
DOB: 11/10/58 50 M MR# M000148690
WEST VALLEY MEDICAL CENTER CALDWELL, ID

206
WVMC 3300



ANDERSON, JULIAN & HULL LLP

Attorneys and Counselors at Law

Robert A. Anderson
Brian K. Julian
Alan K. Hull
Chris H. Hansen
Phillip J. Collaer
Michael P. Stefanic
Amy G. White

Justin P. Aylsworth
Mark D. Sebastian
Matthew O. Pappas
Rachael M. O'Bar
Stephen L. Adams
Robert A. Mills
Bret A. Walther

C. W. Moore Plaza
250 South Fifth Street, Suite 700
Post Office Box 7426
Boise, Idaho 83707-7426
Telephone: (208)344-5800
Facsimile: (208)344-5510

e-mail: akhull@ajhlaw.com
Web Site: www.ajhlaw.com
With Attorneys Licensed to Practice in
Idaho, CO, MD, OR, PA, UT and WA

February 4, 2009

James Clark
10402 Railroad Lane
Payette, Idaho 83661

Re: **Clark v. Cry Baby Foods**
Our File No.: 638-271

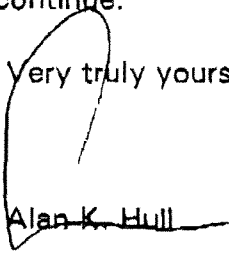
Dear Mr. Clark:

I represent the Idaho State Insurance Fund in the above captioned matter. Please be advised that your surgery has been rescheduled for next week by Dr. Hanson. You will be expected undergo surgery at that time.

It is my understanding you have questions concerning the amount of money which the State Insurance Fund provided for the care that was listed in the pre op orders. The amount sent was calculated at \$7.00 an hour which is the amount the State Insurance Fund pays for care such as required by your doctor. It is the same amount they pay to anyone who requires this level of care and it is the amount they are required to pay.

You will be expected to attend the surgery as scheduled by Dr. Hanson. In the meantime, your TTD benefits will continue.

Very truly yours,


Alan K. Hull

cc: Industrial Commission
Jewel Owen, State Insurance Fund

2
B



ANDERSON, JULIAN & HULL LLP

Attorneys and Counselors at Law

Robert A. Anderson
Brian K. Julian
Alan K. Hull
Chris H. Hansen
Phillip J. Collaer
Michael P. Stefaniec
Amy G. White

Justin P. Aylsworth
Mark D. Sebastian
Matthew O. Pappas
Rachael M. O'Bar
Stephen L. Adams
Robert A. Mills
Bret A. Walker

C. W. Moore Plaza
250 South Fifth Street, Suite 700
Post Office Box 7426
Boise, Idaho 83707-7426
Telephone: (208)344-5800
Facsimile: (208)344-5510

e-mail: ajh@ajhlaw.com
Web Site: www.ajhlaw.com
With Attorneys Licensed to Practice in
Idaho, CO, MD, OR, PA, UT and WA

January 27, 2009

Via facsimile (208) 549-2161

James Clark
10402 Railroad Lane
Payette, Idaho 83661

Re: **Clark v. Cry Baby Foods**
Our File No.: 638-271

Dear Mr. Clark:

Pursuant to our telephone conversation this morning, please be advised that State Insurance Fund will provide reimbursement for the expense of necessary travel from your home to Caldwell for your outpatient surgical procedure on January 29, 2009. Such reimbursement will be made pursuant to Idaho Code at the mileage rate allowed by the State Board of Examiners for state employees, 45.5 cents per mile calculated by the shortest practical route of travel. In addition, State Insurance Fund will issue a check on Monday, February 2, 2009, in the amount of \$150.00 for attendant costs for your mother and significant other to provide attendant care for you following your surgical procedure by Dr. Hansen.

I wish you well during your surgical procedure and recovery, Mr. Clark. Please feel free to contact me if you have any additional questions. Thank you.

Sincerely,

Rachael M. O'Bar

cc: Industrial Commission
Jewel Owen, State Insurance Fund

*Explanation of Benefits
mail on this date under
power*

*92.00
check mileage
1542271*

(2)

1
 for
 Mr. Hull are you saying
 That your Client ^{first} and your
 office Anderson, Julian & Hull LLP on Jan 27 09
 Fraudulently & Now ^{or} ~~made~~ ~~me~~ ~~the~~
 a negotiation for ^{my} Medical Care for ~~for~~
~~Be for~~ and after ~~my~~
 Surgical Procedure ~~with~~ ~~the~~
 injured work and also for me
 a letter on Jan 27, 09 that i had
 your office do so i can show
 to the Parties that was going
 to do for me.

That your office ~~and~~ ~~ISI~~ ~~F~~
 knew that ~~was~~ ~~not~~ ~~going~~ ~~to~~ ~~send~~
 the 150 ⁰⁰ for my relatives time
 that we agreed on ~~Be for~~ the
 Surg Procedure was to happen on
 Jan 29, 09 in your letter dated
~~Jan 27 09~~

And in How Dare you Dispect
 my family ~~and~~ ~~you~~ ~~all~~ ~~have~~
~~been~~ knowing all along you
 was not going to pay it in the
 first place.

9
 10
 \$

(3)

2

are you saying that your
office

on 2/7/09 fax me a
letter that we negotiated
on for med care & for Pre Su
and after my Surgical Procedure
for 150⁰⁰. That had to
Be in about 24 hours before surgery
on Jan 29 09 ~~and~~ and
a letter fax to me ~~that~~
~~would know that I would~~
~~Be able to pay the amount~~
~~that was going to take care~~
~~of me.~~

V

exhibit A

~~...~~
~~...~~
... and you did...
on 2/7/09 AT 15:09 hours
How Dare you Disrespect
my family and ~~to make my name~~
~~Believe that you~~ ~~you~~
and to make them believe
that they would get paid
for the time that they
took out of there day or
night would Be paid for

10
20

(4)

Coop's That's Right How
 was you to know that
 Dr Hansen was going to
 delay this surgery. I did
 not know till they had
 me on the bed with I.V.'s
 in me then ~~is~~ is when
 Doctor Hansen came in
 and said that he was
 going to Post Bone The
 Surgery that I went to
 have done on Jan, 29, 09
 To Feb 5, 2009.

so Mr Hull ~~was~~ This ~~just~~
~~another~~

was This document your
 office fax to me ^{at 15:09} on 27, 09
 at 15:09 hrs. Fraughten
 ab to the fact that your
 clients IS ~~IS~~ never ever.

intended on paying the 150⁰⁰
 as stated in your letter fax
 to me on Jan 22, 09 that both
 parties agreed to on Jan 27, 09 and

The check for 150⁰⁰ to be mail on Feb 2, 2009
 before Surg was to take place

11
 09

(5)

You see Mr Hull This is just another one of your's and your clients Trick and scheme

I will prove To The Commission you and your clients

Knowingly & willfully used false writing and document knowing the same to contain false, fictitious and fraudulent statement and entries.

In Regards To The Letter your office sent ~~me~~ to me on Behalf of your Client ISIS on Jan 27, 09.

12
Pg

Mr. Hull.

Re: your letter dated Feb 4, 2009

Under The workman's Comp
Law or Act or whatever, it is a
Fact That The I S I F
is Responsible To make Sure
That I Can make it To all
medical Appointment and
To Pay for all medical Cost
That is Related To my Crush
Injury I Received Through no
Fault of mine on April 17, 2008.

— 11 —

(1)

Dr Hasen Has Set up an Appointment
for Surgery on Feb 12, 2009

This Surgery is Related To my
Crush injury That I Received on
April 17, 2008 Through no Fault of ~~my~~ mine

I James Clark The Injured worker
is asking The I S I F To make Sure
That I have The Proper medical Care
That needs To Be ~~Be~~ Put into Place
Before Surgery and to notify my
Doctor how we are going To handle
The medical needs That has To
Be Done Following my Return Home.

1913

(7)

~~and~~ do To The Fact
 That i James Clark needs
 To Have Some one Stay with
 me on The day I Come home.
 By That state must in The
 Preception There must be
 a medical Resone for me
 not To Be alone on The
 Day I Return Home. in

Prep letter Exhibit B

~~Section 9~~

in ex B letter

Section 8 and 9 needs
 To Be Set up By The Idaho

State Insurance fund and To
 notify Dr Hansen at

208-459-4511. That i will
 Have transportation and how
 i will get there and that
 I will have someone with
 me and what provider they
 will have stay with me following
 my Return Home.

914
 99

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,)
)
 Claimant,)
 v.)
)
 CRY BABY FOODS, LLC,)
)
 Employer,)
 and)
)
 IDAHO STATE INSURANCE FUND,)
)
 Surety,)
 Defendants.)
 _____)

IC 2008-013505

CERTIFICATE OF SERVICE

FILED

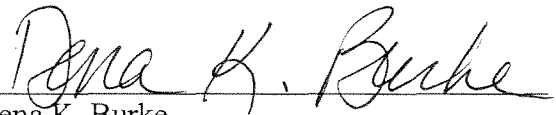
FEB 10 2009

INDUSTRIAL COMMISSION

I hereby certify that on the 10th day of January, 2009, a true and correct copy of the CLAIMANT'S DOCUMENT FILED FEBRUARY 6, 2009, (1 page) in the above-entitled matter, was *Sent by Facsimile Machine Process* to the following:

Rachael M. O'Bar Fax#: 344-5510
P.O. Box 7426
Boise, ID 83707

INDUSTRIAL COMMISSION


Dena K. Burke
Assistant Commission Secretary

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,)
)
 Claimant,)
 v.)
)
 CRY BABY FOODS, LLC,)
)
 Employer,)
 and)
)
 IDAHO STATE INSURANCE FUND,)
)
 Surety,)
 Defendants.)
 _____)

IC 2008-013505

CERTIFICATE OF SERVICE

FILED

FEB 10 2009

INDUSTRIAL COMMISSION

I hereby certify that on the 10th day of January, 2009, a true and correct copy of the CLAIMANT'S DOCUMENTS FILED FEBRUARY 9, 2009, (14 pages) in the above-entitled matter, was *Sent by Facsimile Machine Process* to the following:

Rachael M. O'Bar Fax#: 344-5510
P.O. Box 7426
Boise, ID 83707

INDUSTRIAL COMMISSION

Dena K. Burke
Assistant Commission Secretary

 ORIGINAL

ANDERSON, JULIAN & HULL LLP
C. W. Moore Plaza
250 South 5th Street, Suite 700
P. O. Box 7426
Boise, ID 83707-7426
Telephone: (208) 344-5800
Facsimile: (208) 344-5510
Alan K. Hull – ISB No.:1568
Rachael M. O’Bar – ISB No.: 5823

2009 FEB 11 P 4:05
RECEIVED
INDUSTRIAL COMMISSION

Attorneys for Defendants

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

vs.

CRY BABY FOODS, LLC,

Employer,

and

IDAHO STATE INSURANCE FUND,

Surety,

Defendants.

I.C. No. 08-013505

**OBJECTION TO CLAIMANT’S
REQUEST FOR ADDITIONAL TIME
TO PROVIDE SIGNED RELEASES
AND DISCOVERY RESPONSES**

COME NOW the Defendants, by and through their undersigned counsel of record, and respond to Claimant's letter fax/filed with the Industrial Commission and received by Defendants via facsimile on February 9, 2009, wherein Claimant requests additional time to provide signed releases and discovery responses pursuant to the Commission’s February 6, 2009, Order on Motion to Compel.

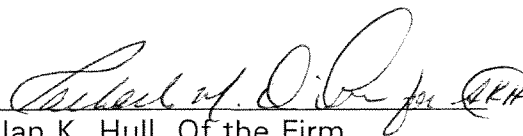
RESPONSE TO REQUEST FOR ADDITIONAL TIME TO PROVIDE SIGNED RELEASES AND
DISCOVERY RESPONSES - 1

Defendants respectfully submit that on February 6, 2009, Defendants were advised by Dr. Hansen's office that on that same date Claimant cancelled the surgery scheduled for February 12, 2009, and the earliest available date for surgery is February 19, 2009. Therefore Claimant has ample time to sign medical releases and provide responses to Defendants' discovery requests.

WHEREFORE, Defendants request that Claimant's request for an extension of time be denied and that Claimant be required to fully respond to Interrogatories to Claimant and Requests for Production of Documents and Things to Claimant, served August 15, 2008, and that Claimant be required to fully execute Defendants' HIPAA compliant Authorization and Direction for Release of Medical Records and facility-specific medical and administrative records releases.

DATED this 11th day of February, 2009.

ANDERSON, JULIAN & HULL LLP

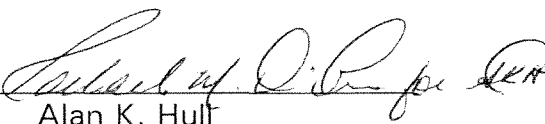
By: 
Alan K. Hull, Of the Firm
Attorneys for Defendants

CERTIFICATE OF MAILING

I HEREBY CERTIFY that on this 11th day of February, 2009, I served a true and correct copy of the foregoing **OBJECTION TO CLAIMANT'S REQUEST FOR ADDITIONAL TIME TO PROVIDE SIGNED RELEASES AND DISCOVERY RESPONSES** by delivering the same to each of the following, by the method indicated below, addressed as follows:

James W. Clark
10402 Rail Road Lane
Payette, Idaho 83661

- U.S. Mail, postage prepaid
- Hand-Delivered
- Overnight Mail
- Facsimile


Alan K. Hull

208-332-558
208-344-5510

FAX

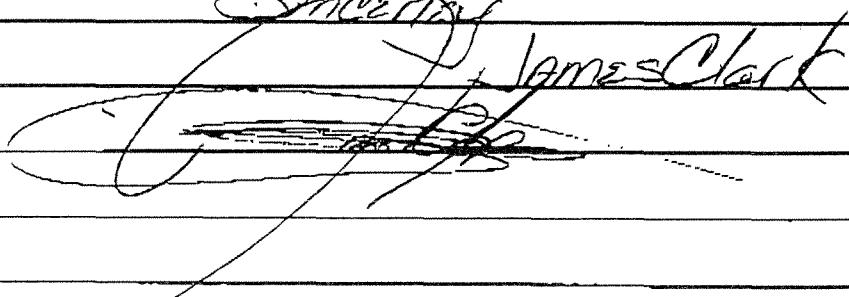
To Ms. Owen ISIF Feb. 12, 2008
To Mr Hull Attorney A, L, H or MS O'Bar
I.C. NO. 2008-013505
Claim NO. 2008-

I James Clark is Requesting
that The Idaho state Insurance
Fund with out Delay Please
Send me Document & medical
Release's that you are asking me
to Respond to By order of The
Commission.

FILED
FEB 12 2009
INDUSTRIAL COMMISSION

There has been so many things
that have been sent back and
forth that that know i am
Confused on what all you are
asking for so again with out Delay
would you send me in an envelope
with only these Documents that
you are asking of me to Sign or
Respond to.

Thank you for your time on
this matter.

Sincerely
James Clark


BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,)
)
 Claimant,)
 v.)
)
 CRY BABY FOODS, LLC,)
)
 Employer,)
 and)
)
 IDAHO STATE INSURANCE FUND,)
)
 Surety,)
 Defendants.)

IC 2008-013505

CERTIFICATE OF SERVICE

FILED

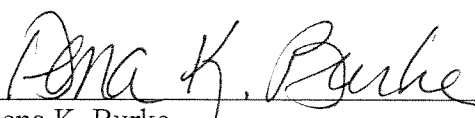
FEB 12 2009

INDUSTRIAL COMMISSION

I hereby certify that on the 12th day of February, 2009, a true and correct copy of the CLAIMANT'S DOCUMENT FILED FEBRUARY 12, 2009, (1 page) in the above-entitled matter, was *Sent by Facsimile Machine Process* to the following:

Rachael M. O'Bar Fax#: 344-5510
P.O. Box 7426
Boise, ID 83707

INDUSTRIAL COMMISSION



Dena K. Burke
Assistant Commission Secretary

208-333-1000 ATTORNEY - 1541
208-344-5510 ATT MR. Hull or WSO Bar

FAX

Feb 12, 2009

Before The Industrial
Commission of The state of
Idaho:

IC no: 2008-013505
Claim no: 200806268 A/a2

INDUSTRIAL COMMISSION
FILED
FEB 12 2009

Every Single Piece of Paper
That I JAMES Clark The Injured
worker Has sent to you (The
Industrial Commission of The
state of Idaho) and to The
Idaho state Insurance fund
and Their Attorneys Anderson
Julian + Hull LLP But one
Has been Handwritten.

It Took me almost 2 month
after my Right arm was Crushed
To learn How to Hold a Pen To
write again. The Surgery That
is To take Place on Feb 17
2009 is to my Right Hand I
will be at a Disadvantage
To Put what is ask of me

Pg 102

Together without the use of my hand that I will not be able to use for at least 3 or 4 weeks after the surgery.

during the time that you (The Industrial of the State of Idaho) gave me to respond I am going to have surgery 3 days before my dead line so I believe I will ~~not~~ be at a disadvantage to put together all that has been ordered for me to do by the Commission.

Again I am pleading to the Industrial Commission of the state of Idaho to postpone my dead line for a later date do to what is outlined in this letter.

Thank you for your time on this matter

Sincerely
James Clark

Pg 2 of 2

IC NO 2008-013505

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,)
)
 Claimant,)
 v.)
)
 CRY BABY FOODS, LLC,)
)
 Employer,)
 and)
)
 IDAHO STATE INSURANCE FUND,)
)
 Surety,)
 Defendants.)

IC 2008-013505

CERTIFICATE OF SERVICE

FILED

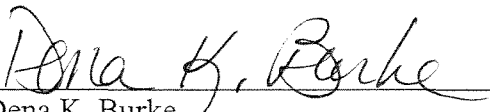
FEB 13 2009

INDUSTRIAL COMMISSION

I hereby certify that on the 13th day of February, 2009, a true and correct copy of the
CLAIMANT'S DOCUMENT FILED FEBRUARY 12, 2009, (2 pages) in the above-entitled
matter, was *Sent by Facsimile Machine Process* to the following:

Rachael M. O'Bar Fax#: 344-5510
 P.O. Box 7426
 Boise, ID 83707

INDUSTRIAL COMMISSION



 Dena K. Burke
 Assistant Commission Secretary

 ORIGINAL

ANDERSON, JULIAN & HULL LLP
C. W. Moore Plaza
250 South 5th Street, Suite 700
P. O. Box 7426
Boise, ID 83707-7426
Telephone: (208) 344-5800
Facsimile: (208) 344-5510
Alan K. Hull – ISB No.:1568
Rachael M. O’Bar – ISB No.: 5823

2009 FEB 13 1P 03:03

RECEIVED
INDUSTRIAL COMMISSION

Attorneys for Defendants

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

vs.

CRY BABY FOODS, LLC,

Employer,

and

IDAHO STATE INSURANCE FUND,

Surety,

Defendants.

I.C. No. 08-013505

**OBJECTION TO CLAIMANT’S
SECOND REQUEST FOR
ADDITIONAL TIME TO PROVIDE
SIGNED RELEASES AND
DISCOVERY RESPONSES FILED
FEBRUARY 12, 2009**

COME NOW the Defendants, by and through their undersigned counsel of record, and respond to Claimant's letter fax/filed with the Industrial Commission and received by Defendants via facsimile on February 12, 2009, wherein Claimant again requests additional time to provide signed releases and discovery responses pursuant to the Commission’s February 6, 2009, Order on Motion to Compel.

Claimant's proposed basis for requesting an extension of time is based upon his "disadvantage" in having to use his injured arm to sign releases and provide discovery responses.

Defendants respectfully submit that Claimant has demonstrated his physical and mental capacity to vigorously pursue his claim for benefits, and believe that Claimant has ample time to provide signed medical releases and responses to our discovery requests prior to his surgery currently scheduled February 19, 2009.

To briefly summarize, Claimant has filed handwritten documentation to the Commission as follows:

1. Claimant's Two Letters (5 pages) of August 5, 2008;
2. Claimant's Letters and Discovery (62 pages including envelope) filed September 9, 2008;
3. Claimant's Letter Requesting a Continuance for 30 Days Fax/Filed October 15, 2008;
4. Claimant's Letter Requesting Dismissal Fax/Filed October 17, 2008;
5. Claimant's Faxed Letter (5 pages) Filed November 3, 2008;
6. Claimant's Letters Filed December 3, 2008 (18 pages);
7. Claimant's Letters Filed December 4, 2008 (3 pages);
8. Claimant's Letters Fax/Filed December 29, 2008 (2 pages);
9. Claimant's Letter Fax/Filed January 12, 2009 (2 pages);
10. Claimant's Letter Entitled "Motion to Revise Show Cause Hearing" With Attachments Fax/Filed January 14, 2009 (4 pages);
11. Claimant's Letters Filed January 20, 2009 (12 pages);


12. Claimant's Document "Memorandum in Support of Motion to Compel Filed January 26, 2009 (15 pages);
13. Claimant's Letters Filed January 20, 2009 (12 pages);
14. Claimant's Document Filed February 6, 2009 (1 page);
15. Claimant's Documents Filed February 9, 2009 (14 pages);
16. Claimant's Document Filed February 12, 2009 (1 page)

Defendants further submit that Claimant has provided additional handwritten correspondence to Defendants, which are not reproduced or summarized herein.

WHEREFORE, Defendants request that Claimant's request for an extension of time be denied and that Claimant be required to fully respond to Interrogatories to Claimant and Requests for Production of Documents and Things to Claimant, served August 15, 2008, and that Claimant be required to fully execute Defendants' HIPAA compliant Authorization and Direction for Release of Medical Records and facility-specific medical and administrative records releases on or before February 21, 2009.

DATED this 13th day of February, 2009.

ANDERSON, JULIAN & HULL LLP

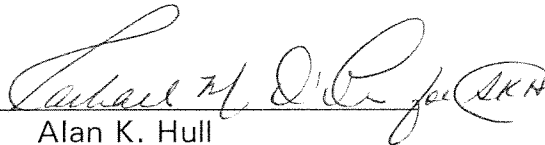
By: 
Alan K. Hull, Of the Firm
Attorneys for Defendants

CERTIFICATE OF MAILING

I HEREBY CERTIFY that on this 13th day of February, 2009, I served a true and correct copy of the foregoing **OBJECTION TO CLAIMANT'S SECOND REQUEST FOR ADDITIONAL TIME TO PROVIDE SIGNED RELEASES AND DISCOVERY RESPONSES FILED FEBRUARY 12, 2009** by delivering the same to each of the following, by the method indicated below, addressed as follows:

James W. Clark
10402 Rail Road Lane
Payette, Idaho 83661

- U.S. Mail, postage prepaid
- Hand-Delivered
- Overnight Mail
- Facsimile


Alan K. Hull

SAX

208-352-558 Att Dena Burk
208-344-6510 Att Mr Huller or MSO' Park Attorneys
208- Att ~~MS Owen~~ MS Owen's

IC NO. 2008-013505 Feb 13, 2009

MS OWEN

Claim no 200806268

In response to our phone conversation on Feb 13, 2009.

You said that you have already paid my family for mileage.

You paid mileage for their transportation to take ~~me~~ ^{me} for

surgery for Jan 29, 2009 they took me on Jan 29, 2009 and

the surgery was postponed after arriving for surgery on Jan 29, 2009

and then they had to bring me back home.

FILED
FEB 13 2009
INDUSTRIAL COMMISSION

Now that it is your responsibility to once again make sure that I ~~can~~

have a ride to and back from surgery set for Feb 19, 2009 so once again

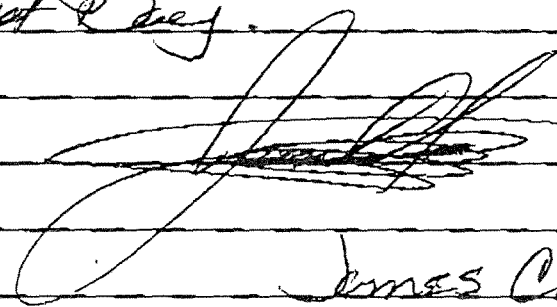
I will ~~be~~ wait for a ride to my surgery that is set for Feb 19, 2009.

Dr Hansen is the one that postponed the surgery on Jan 29, 2009 not ME.

So this matter needs to be put in place by the Idaho state.

Insurance Fund. MS. OWEN
 If I miss this surgery it
 will be no fault of mine,
 If I would have used the
 outfit that you pay to take me
 to all my appointment would
 also be charging you twice for
 taking me. If I was to go through
 them.

So MS OWEN again I will
 be waiting for my family will
 not take me they already have other
 plans for that day.


 James Clark

FAX

~~200-20-2000 ATT Jena~~

~~208-341-5510 ATT Mr Hull or MCO'FOE ATTORNEYS~~

~~205-332-2171 ATT MRS OWEN'S~~

IC NO. 2008-013505

Feb 13, 2009

Mrs OWEN

Claim NO 200806268

In response to our phone conversation on Feb 13, 2009 you said that you have already paid my family for mileage you paid mileage for their transportation to take ~~me~~ ^{me} for surgery for Jan 29, 2009 they took me on Jan 29, 2009 and the surgery was postponed after arriving for surgery on Jan 29, 2009 and then they had to bring me back home.

Now that it is your responsibility to once again make sure that I ~~can~~ have a ride to and back from surgery set for Feb 19, 2009 so once again I will ~~be~~ wait for a ride to my surgery that is set for Feb 19, 2009.

Dr Hansen is the one that postponed the surgery on Jan, 29, 2009 not ME.

So this matter needs to be put in place by the Idaho state

INDUSTRIAL COMMISSION

FILED
FEB 17 2009

Feb 13, 2009

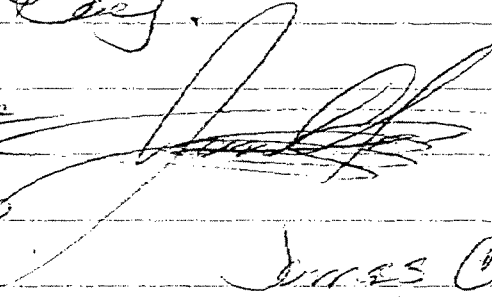
Insurance Fund. MS. OWEN

If I miss this surgery it will be no fault of mine.

If I would have used the outfit that you pay to take me to all my appointments would also be charging you twice for taking me. If I was to go through them.

So MS Owen again I will be waiting for my family will not take me they already have other plans for that day.

PB Where is the 150⁰⁰ dollars that you also said in the letter



James Clark

I ~~received~~ would receive I haven't got it yet
IC NO. 2008-013505
Claim NO. 200806268

~~Pg 2 of 2~~

Pg 2 of 2

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

v.

CRY BABY FOODS, LLC,

Employer,

and

IDAHO STATE INSURANCE FUND,

Surety,
Defendants.

IC 2008-013505

CERTIFICATE OF SERVICE

FILED

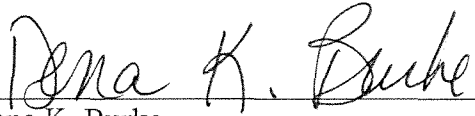
FEB 17 2009

INDUSTRIAL COMMISSION

I hereby certify that on the 17th day of February, 2009, true and correct copies of CLAIMANT'S DOCUMENTS FILED FEBRUARY 13 and 17, 2009, (total 4 pages) in the above matter, were *Sent by Facsimile Machine Process* to the following:

Rachael M. O'Bar Fax#: 344-5510
P.O. Box 7426
Boise, ID 83707

INDUSTRIAL COMMISSION



Dena K. Burke
Assistant Commission Secretary

CERTIFICATE OF SERVICE - 1

Att D. Burk 332-7578
Att MR Hull or MSO Bar 314-5510

SAN

Feb 16, 2008

Before The Industrial
Commission of The state
of Idaho

IC NO. 2008-0135-05

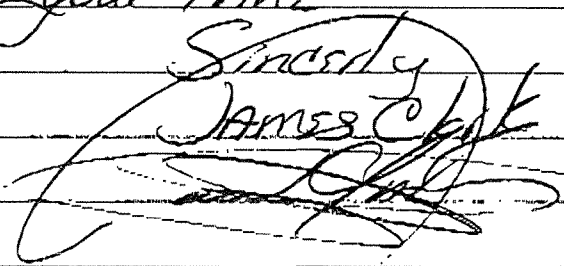
Claim NO. 200806268

I James Clark is not mentally
or medically stable to fully under
stand what ~~is~~ The Idaho state Insurance
found is asking me to do. I am
under a lot of medication and
is in a lot of pain so I will
not sign anything or try to
find and produce other document
that is being ask of me to ~~be~~
produce I will hire an attorney
to help me fully understand what
is ~~being~~ being ask of me after
surgery that is set for Feb 19, 2008
with in two weeks after surgery
Thank you for your time

INDUSTRIAL COMMISSION

FEB 17 2008

FILED

Sincerely
James Clark


BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,)
)
 Claimant,)
 v.)
)
 CRY BABY FOODS, LLC,)
)
 Employer,)
 and)
)
 IDAHO STATE INSURANCE FUND,)
)
 Surety,)
 Defendants.)
 _____)

IC 2008-013505

CERTIFICATE OF SERVICE

FILED

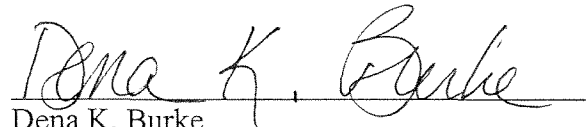
FEB 17 2009

INDUSTRIAL COMMISSION

I hereby certify that on the 17th day of February, 2009, a true and correct copy of CLAIMANT'S *another* DOCUMENT FILED FEBRUARY 17, 2009 (1 page), in the above matter, was *Sent by Facsimile Machine Process* to the following:

Rachael M. O'Bar Fax#: 344-5510
P.O. Box 7426
Boise, ID 83707

INDUSTRIAL COMMISSION


Dena K. Burke
Assistant Commission Secretary

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,)
)
Claimant,)
v.)
CRY BABY FOODS, LLC,)
)
Employer,)
and)
IDAHO STATE INSURANCE FUND,)
)
Surety,)
Defendants.)

IC 2008-013505

ANOTHER ORDER

FILED
FEB 17 2009
INDUSTRIAL COMMISSION


The Referee in this matter issued an ORDER dated February 6, 2009. Since that date the Commission has received a flurry of handwritten materials from Claimant. Some of these request relief from or an extension of time to comply with the requirements of that ORDER.

The Referee, having given due consideration to Claimant's requests hereby DENIES Claimant's requests. Claimant shall comply with all requirements of the ORDER dated February 6, 2009, or sanctions shall be imposed, which sanctions may include immediate dismissal, with prejudice, of Claimant's claim.

IT IS SO ORDERED.

DATED this 17th day of February, 2009.

INDUSTRIAL COMMISSION

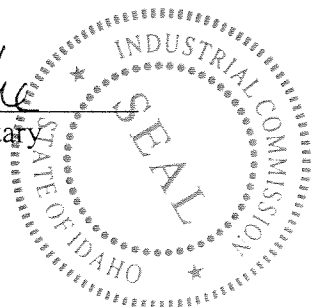


Douglas A. Donohue, Referee

ATTEST:



Assistant Commission Secretary



CERTIFICATE OF SERVICE

I hereby certify that on the 17th day of February, 2009, a true and correct copy of the **ANOTHER ORDER** was served by regular United States Mail upon the following:

James W. Clark
10402 Rail Road Lane
Payette, ID 83661

Rachael M. O'Bar
P.O. Box 7426
Boise, ID 83707

db

Dena K. Burke

Feb 18, 2009

Before The Industrial
Commission of The state
of Idaho:

Claim no. 200806268

IC no. 2008-013505

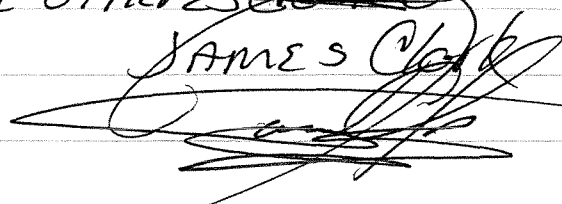
On West Valley medical Center
Authorization for Release of
~~Protection~~ Protected Health
Information it ~~says~~ says
under ~~the~~

I understand That: NO 2.

#2 my Treatment, Payment, enrollment,
or eligibility for benefits may
NOT be Conditioned on signing
This Authorization.


I James Clark injured
worker is being Demanded
To Sign This and other's

By Letter Received from
Commission on Feb 18, 09
or I will be Denied future
Benefits and other ~~to~~

James Clark


AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION (PHI)

Section A: This section must be completed for all Authorizations

Patient/Plan Member Name: James Clark	Birth Date: 11-10-1958	Social Security No. (optional): 548-02-8487	
 WEST VALLEY MEDICAL CENTER <small>1717 Arlington Avenue • Caldwell, ID 83605 • (208) 459-4641</small>	Recipient's Name: Anderson, Julian & Hull, LLP		
	Address 1: P.O. Box 7426		
	Address 2:		
	City: Boise	State: Idaho	Zip: 83707

This authorization will expire on the following: (Fill in the Date or the Event but not both.)

Date: 1 year **Event:** Resolution of Claim

Purpose of disclosure:
Worker's Compensation Litigation

Description of information to be used or disclosed

Is this request for psychotherapy notes? Yes, then this is the only item you may request on this authorization. You must submit another authorization for other items below. No, then you may check as many items below as you need.

Description:	Date(s):	Description:	Date(s):	Description:	Date(s):
<input type="checkbox"/> All PHI in medical record		<input type="checkbox"/> Operative Information		<input type="checkbox"/> Labor/delivery sum.	
<input type="checkbox"/> Admission form		<input type="checkbox"/> Cath lab		<input type="checkbox"/> OB nursing assess	
<input type="checkbox"/> Dictation reports		<input type="checkbox"/> Special test/therapy		<input type="checkbox"/> Postpartum flow sheet	
<input type="checkbox"/> Physician orders		<input type="checkbox"/> Rhythm Strips		<input type="checkbox"/> Itemized bill:	
<input type="checkbox"/> Intake/outtake		<input type="checkbox"/> Nursing Information		<input type="checkbox"/> UB-92:	
<input type="checkbox"/> Clinical Test		<input type="checkbox"/> Transfer forms		<input type="checkbox"/> Other:	
<input type="checkbox"/> Medication Sheets		<input type="checkbox"/> ER Information		<input type="checkbox"/> Other:	

I acknowledge, and hereby consent to such, that the released information may contain alcohol, drug abuse, psychiatric, HIV testing, HIV results or AIDS information. (Initial) If not applicable, check here.

I understand that:

1. I may refuse to sign this authorization and that it is strictly voluntary.
2. My treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization.
3. I may revoke this authorization at any time in writing, but if I do, it will not have any affect on any actions taken prior to receiving the revocation. Further details may be found in the Notice of Privacy Practices.
4. If the requester or receiver is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and may be redisclosed.
5. I understand that I may see and obtain a copy of the information described on this form, for a reasonable copy fee, if I ask for it.
5. I get a copy of this form after I sign it.

Section B: Is the request of PHI for the purpose of marketing?

If yes, the health plan or health care provider must complete Section B, otherwise skip to Section C.

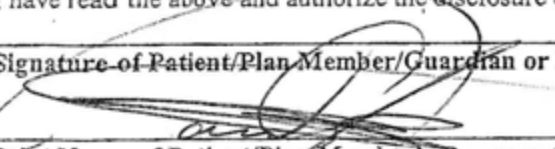
Will the recipient receive financial or in-kind compensation in exchange for using or disclosing this information? Yes No

If yes, describe:

on How much will be paid out to Ferguson 4-17-08

Section C: Signatures

I have read the above and authorize the disclosure of the protected health information as stated.

Signature of Patient/Plan Member/Guardian or Patient/Plan Member Representative: 	Date: 2-18-09
Print Name of Patient/Plan Member's Representative:	Relationship to Patient/Plan Member:



Verbal by Client
 In Writing by Client
 Staff Sign: _____

702 Sunset Drive, Ontario, Oregon 97914

Telephone: (541) 889-9167
 Fax: (541) 889-7873

AUTHORIZATION TO DISCLOSE, RECEIVE AND USE PROTECTED HEALTH INFORMATION

Name: Clark James
Last Name First Name Middle Name
 Date of Birth: Social Security Number:

RECIPIENT (Person or agency to and/or from whom Lifeways may receive and/or disclosed my protected health information)

Name of Person or Agency: Anderson, Julian & Hull, LLP
 Address of Person or Agency: P.O. Box 7426, Boise, Idaho 83707-7426

TYPE OF INFORMATION

By checking and initialing any of the lines below, I specifically authorize the disclosure, receipt and use of the type of protected health information I have checked and initialed.

- | | |
|--|--|
| <input checked="" type="checkbox"/> Mental Health Assessment | <input type="checkbox"/> Substance Abuse Assessment |
| <input type="checkbox"/> Mental Health Progress Notes | <input type="checkbox"/> Substance Abuse Progress Notes |
| <input type="checkbox"/> Mental Health Discharge Summary | <input type="checkbox"/> Substance Abuse Discharge Summary |
| <input type="checkbox"/> Psychiatric Assessment | <input type="checkbox"/> Developmental Disability Assessment |
| <input type="checkbox"/> Psychiatric Progress Notes | <input type="checkbox"/> Developmental Disability Progress Notes |
| <input type="checkbox"/> Information about Sexual Assault | <input type="checkbox"/> Information about sexually transmitted diseases |
| <input type="checkbox"/> Information about Child Abuse and Neglect | <input type="checkbox"/> Information Necessary to Arrange Transportation |
| <input type="checkbox"/> Educational Records | <input type="checkbox"/> Information Necessary to Deal with an Emergency |
| <input type="checkbox"/> General Medical Records | <input type="checkbox"/> Information about HIV/AIDS-related Testing (including the fact that an HIV test was ordered or reported, regardless of whether the results of such tests were positive or negative) |
| <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Other: _____ | |

TERM OF THIS AUTHORIZATION

By initialing one of the lines below, I specifically authorize disclosure, receipt and use of the type of information indicated above by my initials for the term I have checked and initialed below. I understand that I can revoke this authorization at any time by notifying Lifeways in writing of the revocation. I understand that revoking this authorization will not affect information that has already been disclosed, received or used by Lifeways and/or the party or parties from or to whom it was received or disclosed.

- This authorization will remain in effect:
- for one year from the date of this authorization.
 - from the date of this authorization until _____
 - until the following event occurs: Resolution of Claim
 - other: _____

PURPOSE OF THE AUTHORIZATION

The protected health information covered by this authorization may be used for the purposes I have checked and initialed below:

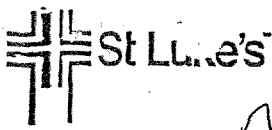
- To assess eligibility and need for treatment
- To plan and coordinate treatment
- Other: Worker's Compensation Litigation

- I am:
- the person whose protected health information is covered by this authorization.
 - the legal guardian or custodian of the person whose protected health information is covered by this authorization.
 - the parent of the minor child whose protected health information is covered by this authorization.
 - authorized to sign by a currently valid health care power of attorney.

I have read and understand the terms of this Authorization to Disclose, Receive and Use Protected Health Information. By my signature below, I voluntarily authorize disclosure, receipt and use of my protected health information as indicated above. I can revoke it at any time by notifying Lifeways in writing.

James Clark [Signature] 2-18-09
Printed Name of Authorizing Person Signature of Authorizing Person Date Signed

Printed Name of Witness Signature of Witness Date Signed



706-5000
on 12/02
Mead

St. Luke's Regional Medical Center
St. Luke's Meridian Medical Center
Wood River Medical Center

100-507221
1-800-473-0331
Cindy

AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

I authorize the use or disclosure of the named individual's health information as described below:

Patient's Full Name: James Clark

Date of Birth: [Redacted]

Have you been seen here under any other name?

[Redacted]
Payette, ID 83661

Telephone: _____

Medical Record #: _____

Covering the period(s) of healthcare: _____

The type of information to be used or disclosed is as follows (check the appropriate boxes and include other information where indicated)

- Pertinent Record Set
- Discharge Summary
- History & Physical
- Consultation Report
- Procedure Report
- Pathology Report
- Emergency Services Report
- Other (Please Specify)

- Laboratory Reports:
- EEG
- Radiology Reports:
- EKG
- Orders/Progress Notes
- Billing Records

I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV). It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse. My signature below authorizes release of all such information unless I have crossed it out and initialed it. Yes No Initials _____

The following person or organization is to receive the information:

Name: Anderson, Julian & Hull, LLP
Street Address: P.O. Box 7426
City, State, Zip: Boise, ID 83707
Phone Number: 344-5800

This information for which I'm authorizing disclosure will be used for the following purpose(s) only:

Worker's Compensation Litigation

I understand that I have a right to revoke this authorization at any time. I understand this if I revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to Health Information Services. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy.

Unless I specify differently, this authorization will expire 1 year or resolution of claim

If I fail to specify an expiration or event, this authorization will expire in one year from the date it was signed.

I understand that if the person or entity that receives the information is not a health care provider or health plan covered by federal law regulations, the information described above may be redisclosed and no longer protected by these regulations. I understand authorizing the use or disclosure of the information identified above is voluntary. I need not sign this form to ensure healthcare treatment.

[Signature]
Signature of patient or legal representative

If signed by legal representative, relationship to patient

Date: 1-7-09



Saint Alphonsus Regional Medical Center

1055 N. Curtis Rd. • Boise, Idaho 83706 • (208) 367-2121

I authorize the use or release/disclosure of protected health information regarding the named individual as described below.

AUTHORIZATION TO USE OR DISCLOSE PROTECTED HEALTH INFORMATION

Patient's Full Name (Including maiden name)

James Clark

Have you been here under any other name(s)?

Birth date

[Redacted]

Medical Record Number

The following person or organization is authorized to **DISCLOSE** the specified information:

Name:

Street Address: SAINT ALPHONSUS
REGIONAL MEDICAL CENTER
City, State, Zip: MEDICAL INFORMATION SERVICES
1055 N. Curtis Road
Phone Number: Boise, Idaho 83706

The following person or organization is authorized to **RECEIVE** the information:

Name: Anderson, Julaw + Hull, LLP
Street Address: P.O. Box 7406
City, State, Zip: Boise, ID 83707
Phone Number: 314-5800

This information is to be used for the following purpose(s) only:

Worker's Compensation Litigation

The specific information to be released/disclosed is specified below: Complete Medical Record

Inpatient/Outpt Surgery

Date(s): _____

- Discharge Summary
- History and Physical
- Operative Report
- Pathology Report
- Progress Notes
- Orders
- Laboratory
- X-rays,
- Pertinent Record Set
- _____
- _____

Emergency Dept.

Date(s): _____

- ER Report
- Complete Record
- _____
- _____
- Billing Records**
- Claim Form
- Detailed Bill
- Other Outpatient Dept.**
- _____
- _____
- _____

Outpatient Diag. Tests

Test Date

- Laboratory
- X-rays
- CT Scans
- Nuclear Med
- EEG
- EKG
- Vascular Study
- Sleep Study
- Echocardiogram
- Pulmonary Test
- Other _____

Cancer Treatment Ctr.

Date(s): _____

- Discharge Summary
- History and Physical
- Treatment Summary
- Laboratory Reports
- Follow-up Reports
- Consultations
- Progress Notes
- X-rays/CT/Nuclear Med
- EKG
- _____
- _____

I understand that if the person or entity that receives the information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be redisclosed and no longer protected by these regulations.

I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my consent to the use or disclosure of my protected health information for purposes of treatment, payment or health care operations. I may inspect or copy any information used/disclosed under this authorization.

I understand that I may revoke this authorization in writing at any time at the address found below, except to the extent that information has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire on the following date: 1 year of resolution of claim. If I fail to specify an expiration date, this authorization will expire in six months.

SPECIFIC AUTHORIZATION

I understand that my health information to be released MAY INCLUDE information that is related to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), behavioral or mental health services, and/or treatment for alcohol and/or drug abuse. My signature below authorizes release of all such information, unless I have crossed it out, and initialed it. _____ Initials

Signature of Patient or Legal Representative:

[Signature]

Date:

1-7-09

Name of Personal Representative (if applicable) (Please print):

Relationship to Patient:



PRIMARY HEALTH, INC.
AUTHORIZATION TO RELEASE PATIENT INFORMATION

PATIENT NAME: James Clark Maiden/other name: _____

DATE OF BIRTH: [REDACTED] SSN: [REDACTED]

PATIENT RECORDS From: _____
 Physician/Medical Office _____

Address _____

City _____ State _____ Zip _____ Telephone _____

I hereby authorize and request the release of the following information:

- All Patient Information
- Patient Information for visit date(s) of 1-1-06 to 2-18-09
- All Billing Statements
- Other (specify): _____

PLEASE SEND MY RECORDS TO:

Anderson, Julian & Hull
P.O. Box 7426
 Address _____
Boise, ID 83707 344-5800
 City _____ State _____ Zip _____ Telephone _____

Purpose for release of information: Worker's Compensation Litigation

If you do not wish to release records containing information regarding the diagnosis or treatment of HIV (aids virus), other sexually transmitted diseases, drug and or alcohol abuse, mental illness or psychiatric treatment, please initial here _____. Unless initialed here this information is deemed permissible to release.

Upon request, I may limit the amount of time that this consent for release of information is valid. I may revoke this authorization in writing at any time. I understand that the revocation will not apply to information that has already been released. I understand that authorizing the disclosure of this information is voluntary. I can refuse to sign this authorization and know that I do not need to sign to assure treatment. I understand that any disclosure of information carries with it the potential for unauthorized re-disclosure by the recipient. Photocopies or facsimile of this authorization shall be considered to be the same as a signed original document.

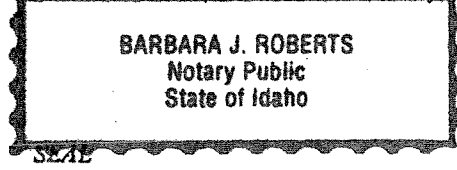
Signature: _____ Date: 2-18-09

Relationship to patient (if parent or guardian): _____

This authorization conforms to the regulations promulgated under Section 333 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1987 and Section 408 of the Drug Abuse Office and Treatment Act of 1972.

STATE OF Idaho
 County of Washington : SS.

On this 18 day of February, 2009, before me, a notary public in and for said State, personally appeared James Clark, known to me to be the person whose name is subscribed to the within instrument, and IN WITNESS WHEREOF I have hereunto set my hand and seal the day and year first above written.



Barbara J. Roberts
 NOTARY PUBLIC FOR
 Residing At Weiser, ID
 My Commission Expires: 1/23/2015

AUTHORIZATION AND DIRECTION FOR RELEASE OF MEDICAL RECORDS

TO: _____

Pursuant to HIPAA regulations 45 C.F.R. § 164.502 and 45 C.F.R. § 164.508, I, **JAMES CLARK**, hereby authorize and direct you to release any and all records, reports and information, and other documentation in your files, including but not limited to copies of any x-rays and raw testing data, concerning my past, present or future physical or mental condition to any representative of the law firm of Anderson, Julian & Hull, P. O. Box 7426, Boise, Idaho 83707-7426, by permitting their examination and by furnishing copies thereof, upon presentation of this Authorization and upon their request for such records, reports or information. With respect to behavioral health records, special permission is authorized for purposes of releasing substance abuse, psychiatric/mental health and/or HIV information.

I further authorize any physician who has attended me at any time to consult with or discuss my past, present or future medical condition and treatment with any member of the law firm of Anderson, Julian & Hull. Anderson, Julian & Hull must, before they initiate conversations with any past treating physician or health provider, give notice to Claimant's counsel of their intent to so communicate. The Surety involved herein, Idaho State Insurance Fund, retains the right to communicate with any of Claimant's treating physicians in regard to Claimant's treatment and rehabilitation.

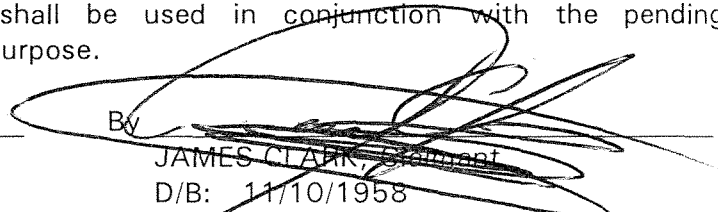
I further consent that a photocopy of this Authorization may be used in lieu of the original thereof. This Authorization shall be valid during the pendency of this claim or until revoked in writing by me. This Authorization shall expire upon settlement or judicial resolution of the pending worker's compensation case.

You are hereby informed that this release is at my request and is in conjunction with a workers' compensation claim submitted by the undersigned before the Industrial Commission of the State of Idaho. You are further advised that this authorization shall be used in conjunction with this workers' compensation claim only.

You are further requested and directed to forward a copy of said medical records, reports and/or information to **James Clark, 10402 Railroad Lane, Payette, Idaho 83661**. You are further advised that payment for the obtaining of these records, reports and/or information shall be borne by the law firm of Anderson, Julian & Hull, and that the bill for payment for submission of such records shall be submitted to said firm at P. O. Box 7426, Boise, Idaho 83707-7426.

I understand that information used or disclosed pursuant to this Authorization may be subject to redisclosure by the recipient and no longer protected under HIPAA. It is further understood that the information obtained under this authorization by either party and their attorneys shall be regarded as confidential and maintained as such; that such information, records and reports shall be used in conjunction with the pending compensation case and for no other purpose.

Date: 02-18-09

By 
JAMES CLARK, Claimant
D/B: 11/10/1958
SSN: 548-02-8487

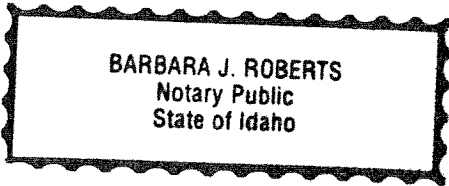
STATE OF IDAHO

: ss.

County of Washington)

On this 18 day of February, 2009, before me, a Notary Public for said State, personally appeared **JAMES CLARK**, known or identified to me to be the person whose name is subscribed to the within and foregoing instrument, and acknowledged to me that *he voluntarily executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.



Barbara J. Roberts
NOTARY PUBLIC FOR IDAHO
Residing at Weiser, Idaho
My Commission Expires: 1/23/2015

(SEAL)

AUTHORIZATION AND DIRECTION FOR RELEASE OF RECORDS

The undersigned hereby authorizes and directs the **STATE OF OREGON, DEPARTMENT OF CORRECTIONS**, to release my **entire** file concerning my past incarceration and related charges to any member of the law firm of Anderson, Julian & Hull, P. O. Box 7426, Boise, Idaho 83707-7426, by permitting their examination and by furnishing copies thereof, upon presentation of this Authorization and upon their request for such records, reports or information. **This authorization includes medical records, psychiatric records, psychological records, disciplinary reports and all other documentation.**

I further consent that a photocopy of this Authorization may be used in lieu of the original thereof. This Authorization shall be valid during the pendency of this claim.

You are hereby informed that this is in conjunction with a workers' compensation claim submitted by the undersigned before the Industrial Commission of the State of Idaho. You are further advised that this authorization shall be used in conjunction with this workers' compensation claim only.

You are further requested and directed to forward a copy of said records, reports and/or information to **James Clark, 10402 Railroad Lane, Payette, Idaho 83661**, the Claimant in conjunction with this workers' compensation claim. You are further advised that payment for the obtaining of these records, reports and/or information shall be borne by the law firm of Anderson, Julian & Hull, and that the bill for payment for submission of such records shall be submitted to said firm at P. O. Box 7426, Boise, Idaho 83707-7426.

It is further understood that the information obtained under this authorization by either party and their attorneys shall be regarded as confidential and maintained as such; that such information, records and reports shall be used in conjunction with the pending compensation case and for no other purpose.

DATE: 2-18-09

By


JAMES CLARK, Claimant

D/B: 11/10/1958

SSN: 548-02-8487

STATE OF IDAHO

County of Washington) ss.

On this 18 day of February, 2008, before me, a Notary Public for said State, personally appeared James Clark, known or identified to me to be the person whose name is subscribed to the within and foregoing instrument, and acknowledged to me that he voluntarily executed the same.

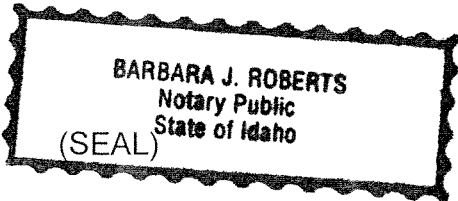
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.

Barbara J. Roberts

NOTARY PUBLIC FOR IDAHO

Residing at Weiser, Idaho

My Commission Expires: 1/23/2015



AUTHORIZATION AND DIRECTION FOR RELEASE OF MEDICAL RECORDS

TO: _____

Pursuant to HIPAA regulations 45 C.F.R. § 164.502 and 45 C.F.R. § 164.508, I, **JAMES CLARK**, hereby authorize and direct you to release any and all records, reports and information, and other documentation in your files, including but not limited to copies of any x-rays and raw testing data, concerning my past, present or future physical or mental condition to any representative of the law firm of Anderson, Julian & Hull, P. O. Box 7426, Boise, Idaho 83707-7426, by permitting their examination and by furnishing copies thereof, upon presentation of this Authorization and upon their request for such records, reports or information. With respect to behavioral health records, special permission is authorized for purposes of releasing substance abuse, psychiatric/mental health and/or HIV information.

I further authorize any physician who has attended me at any time to consult with or discuss my past, present or future medical condition and treatment with any member of the law firm of Anderson, Julian & Hull. Anderson, Julian & Hull must, before they initiate conversations with any past treating physician or health provider, give notice to Claimant's counsel of their intent to so communicate. The Surety involved herein, Idaho State Insurance Fund, retains the right to communicate with any of Claimant's treating physicians in regard to Claimant's treatment and rehabilitation.

I further consent that a photocopy of this Authorization may be used in lieu of the original thereof. This Authorization shall be valid during the pendency of this claim or until revoked in writing by me. This Authorization shall expire upon settlement or judicial resolution of the pending worker's compensation case.

You are hereby informed that this release is at my request and is in conjunction with a workers' compensation claim submitted by the undersigned before the Industrial Commission of the State of Idaho. You are further advised that this authorization shall be used in conjunction with this workers' compensation claim only.

You are further requested and directed to forward a copy of said medical records, reports and/or information to **James Clark, 10402 Railroad Lane, Payette, Idaho 83661**. You are further advised that payment for the obtaining of these records, reports and/or information shall be borne by the law firm of Anderson, Julian & Hull, and that the bill for payment for submission of such records shall be submitted to said firm at P. O. Box 7426, Boise, Idaho 83707-7426.

I understand that information used or disclosed pursuant to this Authorization may be subject to redisclosure by the recipient and no longer protected under HIPAA. It is further understood that the information obtained under this authorization by either party and their attorneys shall be regarded as confidential and maintained as such; that such information, records and reports shall be used in conjunction with the pending compensation case and for no other purpose.

Date: 2-18-09

By 

JAMES CLARK, Claimant

D/B: 11/10/1958

SSN: 548-02-8487

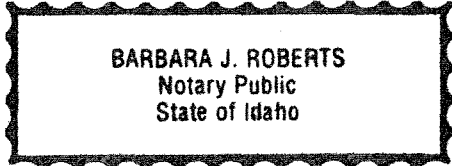
STATE OF IDAHO

: ss.

County of Washington)

On this 18 day of February, 2009, before me, a Notary Public for said State, personally appeared **JAMES CLARK**, known or identified to me to be the person whose name is subscribed to the within and foregoing instrument, and acknowledged to me that *he voluntarily executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.



Barbara J. Roberts
NOTARY PUBLIC FOR IDAHO
Residing at Meridian, Idaho
My Commission Expires: 1/23/2015

(SEAL)

AUTHORIZATION AND DIRECTION FOR RELEASE OF MEDICAL RECORDS

TO: _____

Pursuant to HIPAA regulations 45 C.F.R. § 164.502 and 45 C.F.R. § 164.508, I, **JAMES CLARK**, hereby authorize and direct you to release any and all records, reports and information, and other documentation in your files, including but not limited to copies of any x-rays and raw testing data, concerning my past, present or future physical or mental condition to any representative of the law firm of Anderson, Julian & Hull, P. O. Box 7426, Boise, Idaho 83707-7426, by permitting their examination and by furnishing copies thereof, upon presentation of this Authorization and upon their request for such records, reports or information. With respect to behavioral health records, special permission is authorized for purposes of releasing substance abuse, psychiatric/mental health and/or HIV information.

I further authorize any physician who has attended me at any time to consult with or discuss my past, present or future medical condition and treatment with any member of the law firm of Anderson, Julian & Hull. Anderson, Julian & Hull must, before they initiate conversations with any past treating physician or health provider, give notice to Claimant's counsel of their intent to so communicate. The Surety involved herein, Idaho State Insurance Fund, retains the right to communicate with any of Claimant's treating physicians in regard to Claimant's treatment and rehabilitation.

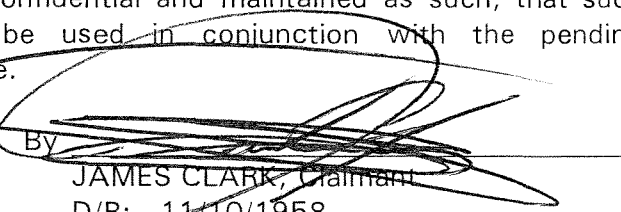
I further consent that a photocopy of this Authorization may be used in lieu of the original thereof. This Authorization shall be valid during the pendency of this claim or until revoked in writing by me. This Authorization shall expire upon settlement or judicial resolution of the pending worker's compensation case.

You are hereby informed that this release is at my request and is in conjunction with a workers' compensation claim submitted by the undersigned before the Industrial Commission of the State of Idaho. You are further advised that this authorization shall be used in conjunction with this workers' compensation claim only.

You are further requested and directed to forward a copy of said medical records, reports and/or information to **James Clark, 10402 Railroad Lane, Payette, Idaho 83661**. You are further advised that payment for the obtaining of these records, reports and/or information shall be borne by the law firm of Anderson, Julian & Hull, and that the bill for payment for submission of such records shall be submitted to said firm at P. O. Box 7426, Boise, Idaho 83707-7426.

I understand that information used or disclosed pursuant to this Authorization may be subject to redisclosure by the recipient and no longer protected under HIPAA. It is further understood that the information obtained under this authorization by either party and their attorneys shall be regarded as confidential and maintained as such; that such information, records and reports shall be used in conjunction with the pending compensation case and for no other purpose.

Date: 2-18-09

By 
JAMES CLARK, Claimant

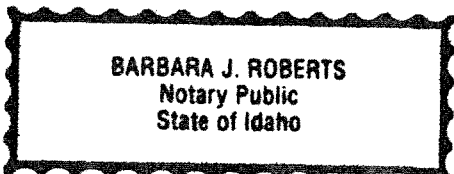
D/B: 11/10/1958
SSN: 548-02-8487

STATE OF IDAHO

: ss.
County of Washington)

On this 18 day of February, 2008, before me, a Notary Public for said State, personally appeared **JAMES CLARK**, known or identified to me to be the person whose name is subscribed to the within and foregoing instrument, and acknowledged to me that *he voluntarily executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.



Barbara J. Roberts
NOTARY PUBLIC FOR IDAHO
Residing at Merger, Idaho
My Commission Expires: 1/23/2015

(SEAL)

AUTHORIZATION AND DIRECTION FOR RELEASE OF MEDICAL RECORDS

TO: _____

Pursuant to HIPAA regulations 45 C.F.R. § 164.502 and 45 C.F.R. § 164.508, I, **JAMES CLARK**, hereby authorize and direct you to release any and all records, reports and information, and other documentation in your files, including but not limited to copies of any x-rays and raw testing data, concerning my past, present or future physical or mental condition to any representative of the law firm of Anderson, Julian & Hull, P. O. Box 7426, Boise, Idaho 83707-7426, by permitting their examination and by furnishing copies thereof, upon presentation of this Authorization and upon their request for such records, reports or information. With respect to behavioral health records, special permission is authorized for purposes of releasing substance abuse, psychiatric/mental health and/or HIV information.

I further authorize any physician who has attended me at any time to consult with or discuss my past, present or future medical condition and treatment with any member of the law firm of Anderson, Julian & Hull. Anderson, Julian & Hull must, before they initiate conversations with any past treating physician or health provider, give notice to Claimant's counsel of their intent to so communicate. The Surety involved herein, Idaho State Insurance Fund, retains the right to communicate with any of Claimant's treating physicians in regard to Claimant's treatment and rehabilitation.

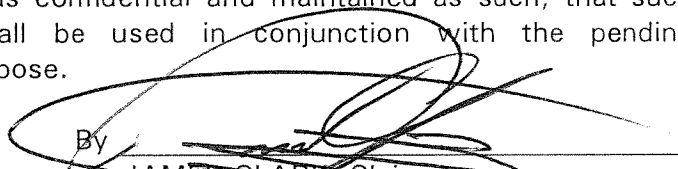
I further consent that a photocopy of this Authorization may be used in lieu of the original thereof. This Authorization shall be valid during the pendency of this claim or until revoked in writing by me. This Authorization shall expire upon settlement or judicial resolution of the pending worker's compensation case.

You are hereby informed that this release is at my request and is in conjunction with a workers' compensation claim submitted by the undersigned before the Industrial Commission of the State of Idaho. You are further advised that this authorization shall be used in conjunction with this workers' compensation claim only.

You are further requested and directed to forward a copy of said medical records, reports and/or information to **James Clark, 10402 Railroad Lane, Payette, Idaho 83661**. You are further advised that payment for the obtaining of these records, reports and/or information shall be borne by the law firm of Anderson, Julian & Hull, and that the bill for payment for submission of such records shall be submitted to said firm at P. O. Box 7426, Boise, Idaho 83707-7426.

I understand that information used or disclosed pursuant to this Authorization may be subject to redisclosure by the recipient and no longer protected under HIPAA. It is further understood that the information obtained under this authorization by either party and their attorneys shall be regarded as confidential and maintained as such; that such information, records and reports shall be used in conjunction with the pending compensation case and for no other purpose.

Date: 7-18-09

By 
JAMES CLARK, Claimant
D/B: 11/10/1958
SSN: 548-02-8487

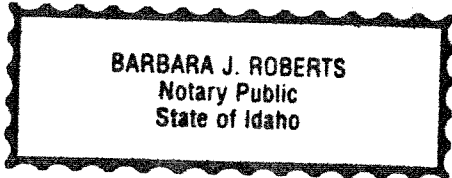
STATE OF IDAHO

: ss.

County of Washington)

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Barbara J. Roberts
NOTARY PUBLIC FOR IDAHO
Residing at Weiser, Idaho
My Commission Expires: 1/23/2015

(SEAL)

AUTHORIZATION AND DIRECTION FOR RELEASE OF MEDICAL RECORDS

TO: _____

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I further authorize any physician who has attended me at any time to consult with or discuss my past, present or future medical condition and treatment with any member of the law firm of Anderson, Julian & Hull. Anderson, Julian & Hull must, before they initiate conversations with any past treating physician or health provider, give notice to Claimant's counsel of their intent to so communicate. The Surety involved herein, Idaho State Insurance Fund, retains the right to communicate with any of Claimant's treating physicians in regard to Claimant's treatment and rehabilitation.

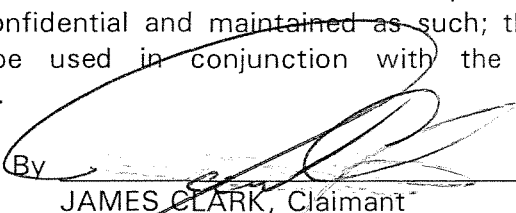
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I understand that information used or disclosed pursuant to this Authorization may be subject to redisclosure by the recipient and no longer protected under HIPAA. It is further understood that the information obtained under this authorization by either party and their attorneys shall be regarded as confidential and maintained as such; that such information, records and reports shall be used in conjunction with the pending compensation case and for no other purpose.

Date: 2-19-09

By 

JAMES CLARK, Claimant
D/B: 11/10/1958
SSN: 548-02-8487

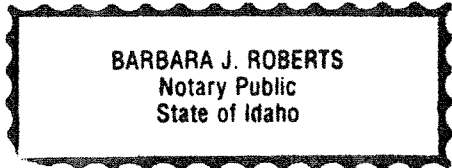
STATE OF IDAHO

: ss.

County of Washington

On this 18 day of February, 2008, before me, a Notary Public for said State, personally appeared **JAMES CLARK**, known or identified to me to be the person whose name is subscribed to the within and foregoing instrument, and acknowledged to me that *he voluntarily executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year in this certificate first above written.



Barbara J. Roberts
NOTARY PUBLIC FOR IDAHO
Residing at Claiser, Idaho
My Commission Expires: 1/23/2015

(SEAL)

4

Feb 18, 2009

Before The Industrial
Commission of The state
of Idaho:

IC NO. 08-013505 Claim NO. 200806268

Response To Defendants
Interrogatories To
Claimant:

INTERROGATORY NO-1.:
Will update you when I
~~Rest~~ have more information.

INTERROGATORY NO. 2:
my Right Hand was Pulled
Into a set of Rollers Do To
The Fact That There was no
Safe guard To keep it from
Happening and it Took about
10 minutes To shut The mach off.
And it Took over 20 minutes
To get me out of The mach.
And will update you when I
have more information.

Page. 1

INTERrogatory NO. 3:

I have not had a job anywhere from the time of my injury on 4-17-08 to Feb 18, 2009

Interrogatory no. 4:

NO I have not applied for unemployment compensation benefits since the date of my injury of April 17, 2008 to Feb 18, 2009

Interrogatory no. ~~4~~ 5:

NO I have not

Interrogatory no. 6:

will update you when I have more information.

Interrogatory no. 7:

will update you when I have more information.

Page 2

Interrogatory no. 8:
Will update you when I
have more information.

INTERrogatory no. 9:
Will update you when I
have more information.

Interrogatory no. 10:
Will update you when I
have more information.

Interrogatory no. 11:
Will update you when I have
more information.

~~Interrogatory no. 12~~

Interrogatory no. 12:
Will update you when I have
more information unknown
at this time.

Page 3

Interrogatory NO. 13:

~~_____~~ will update
when I have more information

Interrogatory NO. 14:

will update you when I have
more information.

Interrogatory NO. 15:

will update you when I have
more information.

Interrogatory NO. 16:

will update you when I have
more information.

Interrogatory NO. 17:

NO I have not.

Interrogatory NO. 18:

will update you when I have
more information.

Page 4

INTERROGATORY NO. 18:
WILL update you when I
have more Information.

Interrogatory NO. 19:
WILL update you when I
have more Information.

Interrogatory NO. 20:
NO I have not Received
injuries as a Result of any
Accident Since my Injury on
April 17, 2008.

Interrogatory NO. 21:
Do not understand.

Interrogatory ~~NO.~~ NO. 22:
Do not understand.

Interrogatory NO. 23
will update ~~you~~ you when
I have more Information.

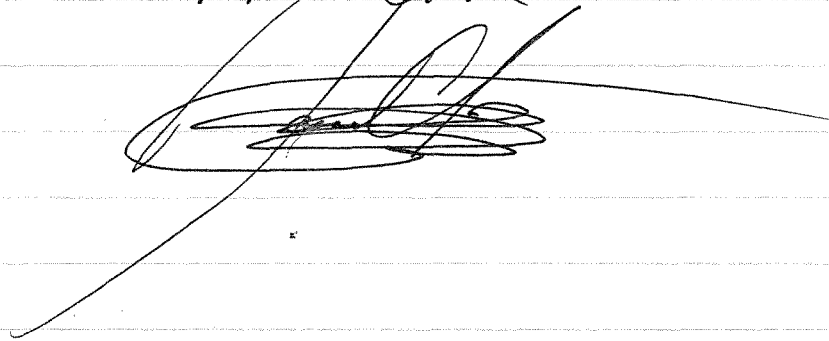
Page 5

INTERrogatory no. 24:
Will update you when I
have more information.

INTERrogatory no. 25:
Will update you when I
have more information

INTERrogatory no. 26:
Will update you when I
have more information.

James Clark

A handwritten signature in cursive script, appearing to be 'James Clark', with a long horizontal flourish extending to the right. The signature is written over a circular scribble.

page 6

2-18-09

Before the Industrial
Commission of The state
of Idaho;

IC NO. 08-013505

Claim NO. 200806268

Response To Defendants
on:

Request for Production
of Documents And Things
To Claimant.

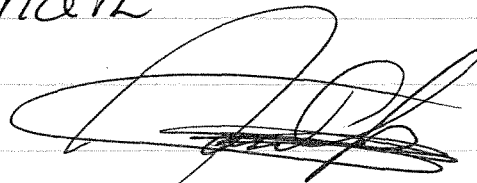
Request NO. 1
will update you when I
have more information.

Request NO. 2
will update you when I
have more information.

Request NO. 3
will update you when I have
more information.

page 1 of 3

I Hereby Certify That on
This 18 day of February 2009
I served a True and Correct
Copy of The foregoing Requests
for Production of Documents
and Thing To Defendants as
Requested. By method
of US mail



James Clark

page 3 of 3

Request NO. 4
WILL update you when
I have more Information.

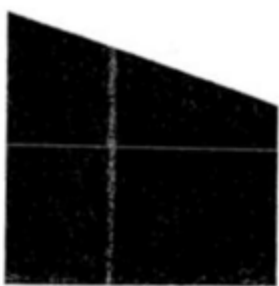
Request no. 5
WILL update you when I
have more Information

Thank you for your Time

~~James Clark~~

Pg 2 of 3

From: James Clark
10502 Rail Road Ln.
PARETTE Idaho
83461



U.S. POSTAGE
METRO
FIRST CLASS PERMIT NO. 100
BOISE ID
\$1.68
04653057-01



6000 83728

FEB 20 A 10:31
RECEIVED
INDUSTRIAL COMMISSION
FIRST CLASS

ATTENTION
To: STATE OF Idaho
INDUSTRIAL Commission
PO Box 83720
Boise Idaho
83720-0041

TEL NO 08-013505

Ready Post.

Utility Mailer

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,)
)
 Claimant,)
 v.)
)
 CRY BABY FOODS, LLC,)
)
 Employer,)
 and)
)
 IDAHO STATE INSURANCE FUND,)
)
 Surety,)
 Defendants.)

IC 2008-013505

CERTIFICATE OF SERVICE

FILED

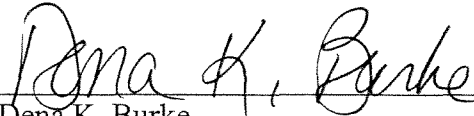
FEB 23 2009

INDUSTRIAL COMMISSION

I hereby certify that on the 23rd day of February, 2009, true and correct copies of CLAIMANT'S DOCUMENTS FILED FEBRUARY 20, 2009, (total 27 pages) in the above matter, were *Sent by Facsimile Machine Process* to the following:

Rachael M. O'Bar Fax#: 344-5510
P.O. Box 7426
Boise, ID 83707

INDUSTRIAL COMMISSION



Dena K. Burke
Assistant Commission Secretary

 ORIGINAL

ANDERSON, JULIAN & HULL LLP
C. W. Moore Plaza
250 South 5th Street, Suite 700
P. O. Box 7426
Boise, ID 83707-7426
Telephone: (208) 344-5800
Facsimile: (208) 344-5510
Alan K. Hull – ISB No.:1568
Rachael M. O’Bar – ISB No.: 5823

2009 FEB 15 P 2 48
RECEIVED
INDUSTRIAL COMMISSION

Attorneys for Defendants

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

vs.

CRY BABY FOODS, LLC,

Employer,

and

IDAHO STATE INSURANCE FUND,

Surety,

Defendants.

I.C. No. 08-013505

MOTION FOR SANCTIONS

COME NOW the Defendants, by and through their undersigned counsel of record, and hereby move the Commission for an Order for sanctions as the Commission deems appropriate, including dismissal with prejudice, for Claimant’s failure to fully comply with the Commission’s February 6, 2009 Order on Motion to Compel and Other Matters, and Order dated February 17, 2009.

Claimant was Ordered, without excuse or delay, to answer Defendants' discovery requests and to properly sign medical and administrative records releases without altering in any way the text of the releases or limiting the persons to whom they may be sent. Claimant filed with the Commission his discovery responses and signed medical releases dated February 18, 2009. Copies of Defendants' discovery requests and Claimant's discovery responses previously filed with the Commission are attached hereto as **Exhibit "A"** for the Referee's convenience.

As a whole, Claimant failed and/or refused to provide any meaningful responses to discovery. Although Claimant may feign ignorance or confusion, Claimant's refusal to provide even basic information further illustrates his refusal to cooperate with these proceedings. In response to Defendants' Interrogatories, Claimant did not provide a single name of any witness to the claimed accident (**See** Interrogatory No. 1), failed to identify a single pre- or post-accident medical provider (**See** Interrogatory Nos. 8, 9), and refused to disclose any prior or subsequent accident, injury, or claim (**See** Interrogatory Nos 11, 18, 20, 21, 22). In addition, Claimant did not disclose one prior employer or employment or wage information (**See** Interrogatory Nos. 10 and 23), did not provide any information regarding benefits received from other sources, such as disability, welfare, unemployment, etc. (**See** Interrogatory No. 19), and did not offer any information with respect to witnesses for the hearing in three weeks. Furthermore, in response to Defendants' Requests for Production of Documents and Things, Claimant

provided not one record, report, or writing of any kind, but responded simply to each and every Request, "Will update you when I have more Information."

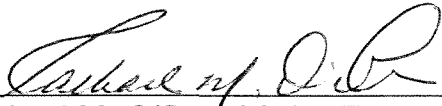
In addition, Claimant unknowingly or intentionally completed portions of the facility-specific medical releases, effectively limiting Defendants' ability to obtain Claimant's complete medical records from the medical providers. For example, on the Primary Health records release Claimant limited the dates of service to 1/1/06 to 2/18/09. In another example, Claimant marked the "Yes" box for disclosure of psychotherapy notes on the West Valley Medical Center release, which prevents Defendants from obtaining any other records from the facility. Similarly, on the Lifeways and Saint Alphonsus releases, Claimant checked boxes that limit Defendants' ability to obtain a complete set of records. Defendants have forwarded new releases to Claimant by letter of this date. A copy of Defendants' letter to Claimant is attached hereto as **Exhibit "B."**

Defendants continue to be prejudiced by the vexatious conduct of Claimant. This Motion is based upon the documents, affidavits, pleadings, and records on file, pursuant to Rules 1, 7 and 16 of the Industrial Commission Judicial Rules of Practice and Procedure; I.C. §72-432 (10); and all other applicable law.

WHEREFORE, Defendants request that the instant Motion for Sanctions be granted and imposed as the Commission deems appropriate.

DATED this 25th day of February, 2009.

ANDERSON, JULIAN & HULL LLP

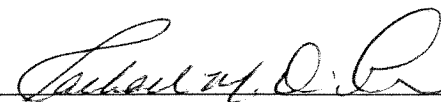
By: 
Rachael M. O'Bar, Of the Firm
Attorneys for Defendants

CERTIFICATE OF MAILING

I HEREBY CERTIFY that on this 25th day of February, 2009, I served a true and correct copy of the foregoing **MOTION FOR SANCTIONS** by delivering the same to each of the following, by the method indicated below, addressed as follows:

James W. Clark
10402 Railroad Lane
Payette, Idaho 83661

- U.S. Mail, postage prepaid
- Hand-Delivered
- Overnight Mail
- Facsimile


Rachael M. O'Bar

ANDERSON, JULIAN & HULL LLP
C. W. Moore Plaza
250 South 5th Street, Suite 700
P. O. Box 7426
Boise, ID 83707-7426
Telephone: (208) 344-5800
Facsimile: (208) 344-5510
Alan K. Hull – ISB No.:1568

Attorneys for Defendants

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

vs.

CRY BABY FOODS, LLC,

Employer,

and

IDAHO STATE INSURANCE FUND,

Surety,

Defendants.

I.C. No. 08-013505

**INTERROGATORIES TO
CLAIMANT**

TO: CLAIMANT:

COME NOW the Defendants, pursuant to the rules and regulations of the Industrial Commission of the State of Idaho and hereby submit the following interrogatories and request that the same be answered under oath and within thirty (30) days from the date of receipt thereof as provided in said rules and regulations promulgated by the Industrial Commission of the State of Idaho. If you cannot

answer any interrogatory in full after exercising due diligence to secure the information, so state, specifying the reason for your inability to answer and, to the extent possible, state whatever information and knowledge you have concerning the remainder.

These interrogatories are deemed continuing interrogatories and your answers thereto are to be supplemented as additional information becomes available to you.

INTERROGATORY NO. 1: State the names and addresses of all persons who witnessed the accident alleged in your Complaint; in regard to each of said witnesses, state what you contend each of said witnesses observed and the location of each of said witnesses from the point where said alleged accident occurred.

INTERROGATORY NO. 2: State specifically and expressly all of the circumstances surrounding said alleged accident, that is, how said alleged accident occurred.

INTERROGATORY NO. 3: State whether, since the date of said accident alleged in your Complaint, you have been employed in any capacity whatsoever. If so, state the names and addresses of all businesses or persons for whom you have been employed, and in each of said instances of employment, state the periods of employment, the nature of your duties in each of said employments and your earnings. Include within your answer any self-employment.

INTERROGATORY NO. 4: Have you applied for unemployment compensation benefits since the date of the accident alleged in your Complaint? If so, state whether you received unemployment compensation benefits; if so, the periods covered, the amounts received and the jurisdiction which was the source of said benefits.

INTERROGATORY NO. 5: State whether, since the date of the accident alleged in your Complaint, you have made application for employment with any individual, business or agency. If so, state the name and address of the person, business or agency with whom you made such application for employment and in each instance, the date of said application or applications.

INTERROGATORY NO. 6: State whether, since the date of the accident alleged in your Complaint, you have engaged in any travel outside the State of Idaho; if so, state when said travel occurred, where you traveled to and the dates in regard to each of said trips.

INTERROGATORY NO. 7: State precisely and in detail all injuries which you allege occurred as a result of the accident alleged in your Complaint.

INTERROGATORY NO. 8: State the names and addresses of all practitioners of the healing arts who have examined or treated you as a result of the alleged injuries which you allege resulted from said alleged accident. In regard to each of said practitioners, state the dates of said treatment and/or examinations. Include within your answer the names and addresses of any hospitals in which you have

been hospitalized and the dates of the hospitalizations. Describe in detail any treatment you received.

INTERROGATORY NO. 9: Preceding the date of the accident alleged in your Complaint, state the names and addresses of all practitioners of the healing arts who examined or treated you for any reason at any time during your lifetime and the approximate dates of such examinations and/or treatments and the nature of your injuries or condition necessitating each of said examinations or treatments. Include within your answer the names and addresses of any hospitals in which you have been hospitalized, as well as the dates of hospitalization and the condition or conditions treated.

INTERROGATORY NO. 10: State the names and addresses of all persons or businesses for whom you were employed during your lifetime and prior to the date of the accident alleged in your Complaint; in regard to each of said employments, state the dates thereof and, generally, the nature of your duties in each of said employments and your earnings in each of said employments. Include within your answer any self-employment.

INTERROGATORY NO. 11: State whether, prior to or since the date of the accident alleged in your Complaint, you made claim for any compensation benefits under the laws of any jurisdiction for injuries resulting from any accident or occupational disease. If so, state when each of said claims were made and the disposition of each of said claims, including any permanent physical impairment and/or permanent partial disability awarded.

INTERROGATORY NO. 12: In your Complaint, you have alleged that you have sustained, as a result of the alleged accident, a permanent disability. Please state the amount of permanent disability which you allege resulted from the alleged accident which is the subject of this claim and the name and address of any practitioner of the healing arts who has rendered an opinion concerning the degree of permanent impairment or permanent disability which you alleged and state what said opinion is.

INTERROGATORY NO. 13: State whether the disability which is claimed in the Complaint and which is the subject matter of this claim is caused solely by the alleged accident described in Interrogatory No. 2.

INTERROGATORY NO. 14: State whether the total disability which is permanent as alleged in the Complaint is the result of an aggravation or acceleration of any previous conditions or injury. If your answer is in the affirmative, state and describe in detail:

- a. The nature of any such pre-existing injury or condition;
- b. How any such pre-existing injury or condition occurred or came to exist;
- c. Whether you ever received a permanent disability rating with respect to any such previous injury or condition;
- d. The nature and degree to which you claim the accident aggravated or accelerated any such pre-existing condition or injury.

INTERROGATORY NO. 15: If your answer to Interrogatory No. 13 is in the affirmative, state whether any such previous condition or injury constituted a

hindrance or obstacle to your obtaining employment, and if it was, describe how it constituted a hindrance or obstacle to your obtaining employment.

INTERROGATORY NO. 16: If your answer to the immediately preceding interrogatory is in the affirmative, please describe in detail each and every hindrance or obstacle incurred.

INTERROGATORY NO. 17: State whether you have received training through any type of vocational rehabilitation program. If so, state when the same occurred, the jurisdiction in which you obtained said vocational rehabilitation and the nature of courses pursued under each of said programs.

INTERROGATORY NO. 18: Have you sustained injuries as a result of any type of accident, industrial or non-industrial in nature, which required examination or treatment by any physician? If so, state when the same occurred, a brief description of the circumstances surrounding the same, where the same occurred, and the names and addressees of any physicians who examined or treated you therefor. If you were hospitalized as a result thereof, state when you were hospitalized and the names and addresses of the hospitals where you were hospitalized.

INTERROGATORY NO. 19: State whether you have received any type of benefits from any source whatsoever, disability, welfare, unemployment, etc., since the date of the accident alleged in your Complaint to the present time. If so, state the periods covered, the source of the benefits, and the amounts received.

INTERROGATORY NO. 20: State whether you have received injuries as a result of any accident since the date of the accident alleged in your Complaint.

INTERROGATORY NO. 21: If your answer to the immediately preceding interrogatory is in the affirmative, state the circumstances and facts surrounding the same, when the same occurred, the location of said accident, the name and address of the other party or parties involved in said accident, and the name and address of any physician or hospital that provided treatment.

INTERROGATORY NO. 22: If your answer to Interrogatory No. 20 is in the affirmative, state whether you have made claim against any business, individual or insurance company as a result of said accident. If so, state the name and address of the individual, business or insurance company against whom such claim was made and when such claim was made. Include within your answer the disposition of the claim.

INTERROGATORY NO. 23: State all wages which you have earned from all occupations or earnings from all sources during the period of five years immediately preceding the date of the accident alleged in your Complaint; also, state the names and addresses of all persons or businesses from whom said wages were derived and the amount of wages which were derived from each of said employers during said period of time.

INTERROGATORY NO. 24: List the names, addresses and telephone numbers of each witness you intend to call at hearing in this matter.

INTERROGATORY NO. 25: With regard to each individual listed in your answer to the immediately preceding interrogatory, describe in detail the testimony you expect each witness to give at the hearing in this matter.

INTERROGATORY NO. 26: Please state the name, address, telephone number, occupation and job title of each individual whom you intend to call as an expert witness at the hearing and for each expert witness state his or her field of expertise, the subject on which he or she is expected to testify, and the substance of the facts and opinions for which he or she is expected to testify.

DATED this _____ day of August, 2008.

ANDERSON, JULIAN & HULL LLP

By: _____
Alan K. Hull, Of the Firm
Attorneys for Defendants

CERTIFICATE OF MAILING

I HEREBY CERTIFY that on this _____ day of August, 2008, I served a true and correct copy of the foregoing **INTERROGATORIES TO CLAIMANT** by delivering the same to each of the following, by the method indicated below, addressed as follows:

James W. Clark
10402 Rail Road Lane
Payette, Idaho 83661

- U.S. Mail, postage prepaid
- Hand-Delivered
- Overnight Mail
- Facsimile

Alan K. Hull

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

v.

CRY BABY FOODS, LLC,

Employer,

and

IDAHO STATE INSURANCE FUND,

Surety,
Defendants.

IC 2008-013505

CERTIFICATE OF SERVICE

FILED

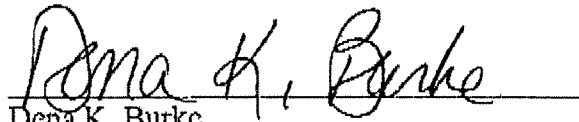
FEB 23 2009

INDUSTRIAL COMMISSION

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Rachael M. O'Bar Fax#: 344-5510
P.O. Box 7426
Boise, ID 83707

INDUSTRIAL COMMISSION



Dena K. Burke
Assistant Commission Secretary

Feb 18, 2009
Before The Industrial
Commission of The state
of Idaho:

IC NO. 08-013505 Claim No. 200806268

Response To Defendants
Interrogatories To
Claimant:

INTERROGATORY NO. 1:
will update you when I
~~can~~ have more information.

INTERROGATORY NO. 2:
my Right Hand was Pulled
Into a set of Rollers Do To
The Fact That There was no
Safe guard To keep it from
Happening and it Took about
10 minutes To shut The mach off.
And it Took over 20 minutes
To get me out of The mach.
And will update you when I
have more information.

Page. 1

INTERROGATORY NO. 3:

I have not had a job anywhere from the time of my injury on 4-17-08 to Feb 18, 2009

Interrogatory no. 4:

no I have not applied for unemployment compensation benefits since the date of my injury of April 17, 2008 to Feb 18, 2009

Interrogatory no. ~~4~~ 5:
no I have not

Interrogatory no. 6:

will update you when I have more information.

Interrogatory no. 7:

will update you when I have more information.

Interrogatory no. 8:
will update you when I
have more information.

Interrogatory no. 9:
will update you when I
have more information.

Interrogatory no. 10:
will update you when I
have more information.

Interrogatory no. 11:
will update you when I have
more information.

~~Interrogatory no. 12~~

Interrogatory no. 12:
will update you when I have
more information unknown
at this time.

Interrogatory NO. 13:

~~_____~~ will update
when I have more information

Interrogatory NO. 14:

will update you when I have
more information.

Interrogatory NO. 15:

will update you when I have
more information.

Interrogatory NO. 16:

will update you when I have
more information.

Interrogatory NO. 17:

NO I have not.

Interrogatory NO. 18:

will update you when I have
more information.

Interrogatory NO. 18:
WILL update you when I
have more Information.

Interrogatory NO. 19:
WILL update you when I
have more Information.

Interrogatory NO. 20:
NO I have not Received
injuries as a Result of any
Accident Since my Injury on
April 17, 2008.

Interrogatory NO. 21:
Do not understand.

Interrogatory ~~NO~~ NO. 22:
Do not understand.

Interrogatory NO. 23
will update ~~me~~ you when
I have more Information.

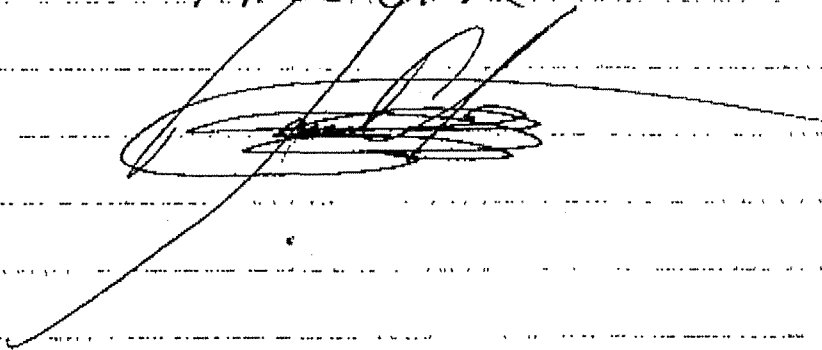
Page 5

INTERROGATORY NO. 24:
Will update you when I
have more information.

INTERROGATORY NO. 25:
Will update you when I
have more information.

INTERROGATORY NO. 26:
Will update you when I
have more information.

James Clark

A large, stylized handwritten signature in black ink, appearing to be 'James Clark', written over a horizontal line. The signature is highly cursive and somewhat illegible due to its style.

page 6

2-18-09
Before the Industrial
Commission of The State
of Idaho.
IC NO. 08-013505
Claim NO. 200806268

Response To Defendants
on:
Request for Production
of Documents and Things
To Claimant.

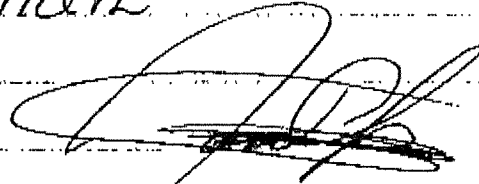
Request NO. 1
will update you when I
have more information.

Request NO. 2
will update you when I
have more information.

Request NO. 3
will update you when I have
more information.

page 1 of 3

I Hereby Certify that on
This 18 day of February 2009
I served a True and Correct
Copies of the foregoing Requests
for Production of Documents
and Thing to Defendants as
Requested. By method
of US mail



James Clark

page 3 of 3

Request no. 4
will update you when
I have more information.

Request no. 5
will update you when I
have more information

Thank you for your time

~~James Clark~~

pg 2 of 3

Feb 18, 2009

Before The Industrial
Commission of The State
of Idaho:

Claim NO. 200806268

IC NO. 2008-013505

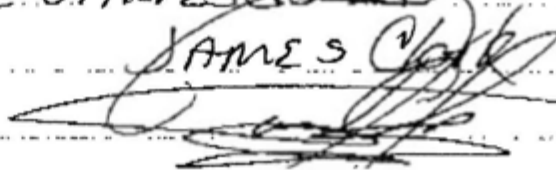
On West Valley Medical Center
Authorization for Release of
~~Protection~~ Protected Health
Information it ~~says~~ says
under ~~the~~

I understand That: NO 2.

#2 my treatment, payment, enrollment,
or eligibility for benefits may
NOT be conditioned on signing
this Authorization.


I James Clark injured
worker is being demanded
to sign this and other's

By letter received from
Commission on Feb 18, 09
or I will be denied future
benefits and other ~~sets~~

JAMES CLARK


AUTHORIZATION FOR RELEASE OF PROTECTED HEALTH INFORMATION (PHI)

Section A: This section must be completed for all Authorizations

Patient/Plan Member Name: James Clark	Birth Date: 11.10.1968	Social Security No. (optional): 548.02.8987	
 WEST VALLEY MEDICAL CENTER <small>1717 Arlington Avenue • Caldwell, ID 83605 • (208) 459-4641</small>	Recipient's Name: Anderson, Julian & Hull, LLP		
	Address 1: P.O. Box 7426		
	Address 2:		
	City: Boise	State: Idaho	Zip: 83707

This authorization will expire on the following: (Fill in the Date or the Event but not both.)

Date: 1 year **Event:** Resolution of Claim

Purpose of disclosure:
Worker's Compensation Litigation

Description of information to be used or disclosed

Is this request for psychotherapy notes? Yes, then this is the only item you may request on this authorization. You must submit another authorization for other items below. No, then you may check as many items below as you need.

Description:	Date(s):	Description:	Date(s):	Description:	Date(s):
<input type="checkbox"/> All PHI in medical record		<input type="checkbox"/> Operative Information		<input type="checkbox"/> Labor/delivery sum.	
<input type="checkbox"/> Admission form		<input type="checkbox"/> Cath lab		<input type="checkbox"/> OB nursing assess	
<input type="checkbox"/> Dictation reports		<input type="checkbox"/> Special test/therapy		<input type="checkbox"/> Postpartum flow sheet	
<input type="checkbox"/> Physician orders		<input type="checkbox"/> Rhythm Strips		<input type="checkbox"/> Itemized bill:	
<input type="checkbox"/> Intake/outtake		<input type="checkbox"/> Nursing Information		<input type="checkbox"/> UB-92:	
<input type="checkbox"/> Clinical Test		<input type="checkbox"/> Transfer forms		<input type="checkbox"/> Other:	
<input type="checkbox"/> Medication Sheets		<input type="checkbox"/> ER Information		<input type="checkbox"/> Other:	

I acknowledge, and hereby consent to such, that the released information may contain alcohol, drug abuse, psychiatric, HIV testing, HIV results or AIDS information. (Initial) If not applicable, check here.

I understand that:

- I may refuse to sign this authorization and that it is strictly voluntary.
- My treatment, payment, enrollment or eligibility for benefits may not be conditioned on signing this authorization.
- I may revoke this authorization at any time in writing, but if I do, it will not have any affect on any actions taken prior to receiving the revocation. Further details may be found in the Notice of Privacy Practices.
- If the requester or receiver is not a health plan or health care provider, the released information may no longer be protected by federal privacy regulations and may be redisclosed.
- I understand that I may see and obtain a copy of the information described on this form, for a reasonable copy fee, if I ask for it.
- I get a copy of this form after I sign it.

Section B: Is the request of PHI for the purpose of marketing?


Yes, the health plan or health care provider must complete Section B, otherwise skip to Section C. Yes No

Will the recipient receive financial or in-kind compensation in exchange for using or disclosing this information? Yes No

yes, describe:
on How much will be paid out to Ferguson 4-17-08

Section C: Signatures

I have read the above and authorize the disclosure of the protected health information as stated.

Signature of Patient/Plan Member/Guardian or Patient/Plan Member Representative: 	Date: 2-18-09
Print Name of Patient/Plan Member's Representative:	Relationship to Patient/Plan Member:



702 Sunset Drive, Ontario, Oregon 97114

Telephone: (541) 889-9167
Fax: (541) 889-7873

Authorization REVOKED on: _____
 Verbally to _____ In Writing by Client
Staff Signature: _____

AUTHORIZATION TO DISCLOSE, RECEIVE AND USE PROTECTED HEALTH INFORMATION

Name: Clark James
Last Name First Name Middle Name
Date of Birth: [REDACTED] Social Security Number: [REDACTED]

Client (Person or Agency to and/or from whom Lifeways may receive and/or disclose my protected health information):
Name of Person or Agency: Anderson, Julian & Hull, LLP
Address of Person or Agency: P.O. Box 7426, Boise, Idaho 83707-7426

- TYPE OF INFORMATION**
- By checking and initialing any of the lines below, I specifically authorize the disclosure, receipt and use of the type of protected health information I have checked and initialed.
- | | |
|--|--|
| <input type="checkbox"/> Mental Health Assessment | <input type="checkbox"/> Substance Abuse Assessment |
| <input type="checkbox"/> Mental Health Progress Notes | <input type="checkbox"/> Substance Abuse Progress Notes |
| <input type="checkbox"/> Mental Health Discharge Summary | <input type="checkbox"/> Substance Abuse Discharge Summary |
| <input type="checkbox"/> Psychiatric Assessment | <input type="checkbox"/> Developmental Disability Assessment |
| <input type="checkbox"/> Psychiatric Progress Notes | <input type="checkbox"/> Developmental Disability Progress Notes |
| <input type="checkbox"/> Information about Sexual Assault | <input type="checkbox"/> Information about sexually transmitted diseases |
| <input type="checkbox"/> Information about Child Abuse and Neglect | <input type="checkbox"/> Information Necessary to Arrange Transportation |
| <input type="checkbox"/> Educational Records | <input type="checkbox"/> Information Necessary to Deal with an Emergency |
| <input type="checkbox"/> General Medical Records | <input type="checkbox"/> Information about HIV/AIDS-related Testing (including the fact that an HIV test was ordered or reported, regardless of whether the results of such tests were positive or negative) |
| <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Other: _____ | |

TERM OF THIS AUTHORIZATION

By initialing one of the lines below, I specifically authorize disclosure, receipt and use of the type of information indicated above by my initials for the term I have checked and initialed below. I understand that I can revoke this authorization at any time by notifying Lifeways in writing of the revocation. I understand that revoking this authorization will not affect information that has already been disclosed, received or used by Lifeways and/or the party or parties from or to whom it was received or disclosed.

This authorization will remain in effect:

for one year from the date of this authorization.

from the date of this authorization until _____

until the following event occurs: Resolution of Claim

other: _____

PURPOSE OF THE AUTHORIZATION

Protected health information covered by this authorization may be used for the purposes I have checked and initialed below:

To assess eligibility and need for treatment To plan and coordinate treatment

Other: Worker's Compensation Litigation

- the person whose protected health information is covered by this authorization, the legal guardian or custodian of the person whose protected health information is covered by this authorization,
- the parent of the minor child whose protected health information is covered by this authorization, authorized to sign by a currently valid health care power of attorney.

I have read and understand the terms of this Authorization to Disclose, Receive and Use Protected Health Information. By my signature below, I voluntarily authorize disclosure, receipt and use of my protected health information as indicated above. I can revoke it at any time by notifying Lifeways in writing.

James Clark [Signature] 2-18-09
Printed Name of Authorizing Person Signature of Authorizing Person Date Signed

Printed Name of Witness Signature of Witness Date Signed



**Saint Alphonsus
Regional Medical Center**

1055 N. Curtis Rd. • Boise, Idaho 83706 • (208) 367-2121

I authorize the use or release/disclosure of protected health information regarding the named individual as described below.

**AUTHORIZATION TO USE OR DISCLOSE
PROTECTED HEALTH INFORMATION**

Patient's Full Name (Including maiden name)

James Clark

Have you been here under any other name(s)?

Birth date

[REDACTED]

Medical Record Number

The following person or organization is authorized to **DISCLOSE** the specified information:

Name:

Street Address: SAINT ALPHONSUS
REGIONAL MEDICAL CENTER
City, State, Zip: MEDICAL INFORMATION SERVICES
1055 N. Curtis Road
Phone Number: Boise, Idaho 83706

The following person or organization is authorized to **RECEIVE** the information:

Name: Anderson, Julian & Hull, LLP

Street Address: P.O. Box 7426
City, State, Zip: Boise, ID 83707
Phone Number: 314-5800

This information is to be used for the following purpose(s) only:

Worker's Compensation litigation

The specific information to be released/disclosed is specified below: Complete Medical Record

<input type="checkbox"/> Inpatient/Outpt Surgery Date(s): _____ <input type="checkbox"/> Discharge Summary <input type="checkbox"/> History and Physical <input type="checkbox"/> Operative Report <input type="checkbox"/> Pathology Report <input type="checkbox"/> Progress Notes <input type="checkbox"/> Orders <input type="checkbox"/> Laboratory <input type="checkbox"/> X-rays <input checked="" type="checkbox"/> Pertinent Record Set <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Emergency Dept. Date(s): _____ <input checked="" type="checkbox"/> XER Report <input type="checkbox"/> Complete Record <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Billing Records <input type="checkbox"/> Claim Form <input checked="" type="checkbox"/> Detailed Bill <input type="checkbox"/> Other Outpatient Dept. <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	<input type="checkbox"/> Outpatient Diag. Tests <table border="1"> <thead> <tr> <th>Test</th> <th>Date</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> Laboratory</td><td>_____</td></tr> <tr><td><input type="checkbox"/> X-rays</td><td>_____</td></tr> <tr><td><input type="checkbox"/> CT Scans</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Nuclear Med</td><td>_____</td></tr> <tr><td><input type="checkbox"/> EEG</td><td>_____</td></tr> <tr><td><input type="checkbox"/> EKG</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Vascular Study</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Sleep Study</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Echocardiogram</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Pulmonary Test</td><td>_____</td></tr> <tr><td><input type="checkbox"/> Other</td><td>_____</td></tr> </tbody> </table>	Test	Date	<input type="checkbox"/> Laboratory	_____	<input type="checkbox"/> X-rays	_____	<input type="checkbox"/> CT Scans	_____	<input type="checkbox"/> Nuclear Med	_____	<input type="checkbox"/> EEG	_____	<input type="checkbox"/> EKG	_____	<input type="checkbox"/> Vascular Study	_____	<input type="checkbox"/> Sleep Study	_____	<input type="checkbox"/> Echocardiogram	_____	<input type="checkbox"/> Pulmonary Test	_____	<input type="checkbox"/> Other	_____	<input type="checkbox"/> Cancer Treatment Ctr. Date(s): _____ <input type="checkbox"/> Discharge Summary <input type="checkbox"/> History and Physical <input type="checkbox"/> Treatment Summary <input type="checkbox"/> Laboratory Reports <input type="checkbox"/> Follow-up Reports <input type="checkbox"/> Consultations <input type="checkbox"/> Progress Notes <input type="checkbox"/> X-rays/CT/Nuclear Med <input type="checkbox"/> EKG <input type="checkbox"/> _____ <input type="checkbox"/> _____
Test	Date																										
<input type="checkbox"/> Laboratory	_____																										
<input type="checkbox"/> X-rays	_____																										
<input type="checkbox"/> CT Scans	_____																										
<input type="checkbox"/> Nuclear Med	_____																										
<input type="checkbox"/> EEG	_____																										
<input type="checkbox"/> EKG	_____																										
<input type="checkbox"/> Vascular Study	_____																										
<input type="checkbox"/> Sleep Study	_____																										
<input type="checkbox"/> Echocardiogram	_____																										
<input type="checkbox"/> Pulmonary Test	_____																										
<input type="checkbox"/> Other	_____																										

I understand that if the person or entity that receives the information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be redisclosed and no longer protected by these regulations.

I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my consent to the use or disclosure of my protected health information for purposes of treatment, payment or health care operations. I may inspect or copy any information used/disclosed under this authorization.

I understand that I may revoke this authorization in writing at any time at the address found below, except to the extent that information has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire on the following date: Year of Resolution of Litigation. If I fail to specify an expiration date, this authorization will expire in six months.

SPECIFIC AUTHORIZATION

I understand that my health information to be released MAY INCLUDE information that is related to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV), behavioral or mental health services, and/or treatment for alcohol and/or drug abuse. My signature below authorizes release of all such information, unless I have crossed it out, and initialed it. _____ Initials

Signature of Patient or Legal Representative:

[Signature]

Date:

1-7-09

Name of Personal Representative (if applicable) (Please print):

Relationship to Patient:

359



PRIMARY HEALTH, INC.

AUTHORIZATION TO RELEASE PATIENT INFORMATION

PATIENT NAME: James Clark Maiden/other name: _____

DATE OF BIRTH: [redacted] SSN: [redacted]

PATIENT RECORDS From: Physician/Medical Office

Address _____

City _____ State _____ Zip _____ Telephone _____

I hereby authorize and request the release of the following information:

- All Patient Information
- Patient Information for visit date(s) of 1-1-06 to 2-18-09
- All Billing Statements
- Other (specify): _____

PLEASE SEND MY RECORDS TO: Anderson, Julian & Hull

P.O. Box 7426

Address _____

Boise, ID 83707 344-6800

City _____ State _____ Zip _____ Telephone _____

Purpose for release of information: Worker's Compensation Litigation

Upon request, I may limit the amount of time that this consent for release of information is valid. I may revoke this authorization in writing at any time. I understand that the revocation will not apply to information that has already been released. I understand that authorizing the disclosure of this information is voluntary. I can refuse to sign this authorization and know that I do not need to sign to assure treatment. I understand that any disclosure of information carries with it the potential for unauthorized re-disclosure by the recipient.

Photo copies or facsimile of this authorization shall be considered to be the same as a signed original document.

Signature: [Signature] Date: 2-18-09

Relationship to patient (if parent or guardian): _____

This authorization conforms to the regulations promulgated under Section 333 of the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1987 and Section 408 of the Drug Abuse Office and Treatment Act of 1972.

STATE OF Idaho)
County of Washington) : SS.
On this 18 day of February, 2009, before me, a notary public in and for said State, personally appeared James Clark, known to me to be the person whose name is subscribed to the within instrument, and

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year first above written.

BARBARA J. ROBERTS
Notary Public
State of Idaho

Barbara J. Roberts
NOTARY PUBLIC FOR
Residing At Hauser, ID
My Commission Expires: 1/23/2015 360



ANDERSON, JULIAN & HULL LLP

Attorneys and Counselors at Law

Robert A. Anderson
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Alan K. Hull
Chris H. Hansen
Phillip J. Collaer
Michael P. Stefanic
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Justin P. Aylsworth
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With Attorneys Licensed to Practice in
Idaho, CO, MD, OR, PA, UT and WA

February 25, 2009

James Clark
10402 Railroad Lane
Payette, Idaho 83661

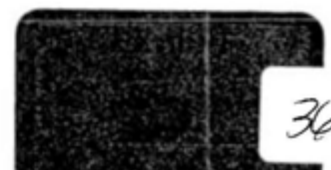
Re: ***Clark v. Cry Baby Foods***
Our File No.: 638-271

Dear Mr. Clark:

We received your discovery responses and signed medical releases via facsimile transmission on February 23, 2009. Pursuant to the Commission's Order on Motion to Compel, you were to sign medical and administrative records releases without altering in any way the text of the releases or limiting the persons to whom they may be sent. Whether inadvertent or otherwise, you completed sections of the facility-specific medical releases such that they limit our ability to obtain your complete medical files, which we which we are entitled to under Idaho law. As we discussed on numerous prior occasions, we intend to obtain all relevant medical and vocational information in connection with this claim to allow us to investigate and defend our interests, as well as to allow the Industrial Commission to make an informed decision as to benefits.

Enclosed please find the following facility-specific medical releases:

1. West Valley Medical Center, Authorization for Release of Protected Health Information (PHI)
2. LifeWays Authorization to Disclose, Receive and Use Protected Health Information;
3. Saint Alphonsus Regional Medical Center Authorization to Use or Disclose Protected Health Information;
4. Primary Health, Inc. Authorization to Release Patient Information.



February 25, 2009

Page 2

Please execute the above-listed releases and return them unaltered (i.e., do not check boxes or provide a date range for treatment dates) as per the instructions of the Industrial Commission's Order dated February 6, 2009. You will note that the Primary Health, Inc. release requires a notarized signature. Once the releases have been executed, please return them in the enclosed pre-paid envelope. Please feel free to contact me if you have any questions or concerns.

Very truly yours,

Rachael M. O'Bar

RMO/dgs

cc: Jewel Owen, State Insurance Fund

1-208-332-7558

FAX

AT

Dena Burk

Responses to
Defendants Request
for Sanctions

FILED
FEB 27 2009
INDUSTRIAL COMMISSION

~~[Scribbled signature]~~

February 27, 2009

INDUSTRIAL COMMISSION FOR THE STATE OF IDAHO

CLAIM NO: 200806268

IC NO. 2008-013505

TO WHOM IT MAY CONCERN:

My name is Barbara J Roberts. I am employed by Bank of the West, Weiser, Idaho 83672.

On February 18, 2009, Mr. James Clark, a customer of Bank of the West, requested that I notarize seven Request for Release of Information pertaining to his medical records. We notarize documents only for Bank of the West customers.

Immediately I noted that the date of the documents was incorrect. The year of 2008 was entered in the date field instead of the correct year of 2009. I informed Mr. Clark that I would not notarize these requests for release with an incorrect date. He then stated that he had been advised that no alterations could be made to these documents. We discussed the implications of either scenario. Since Mr. Clark was scheduled for surgery the next day and he had to return the signed and notarized documents by February 20, 2009, there was no time to request that he be sent new documents with the date corrected. He also stated that he had no idea why the documents were dated 2008 instead of 2009 and , therefore, could not justify my notarizing and attesting to documents that were over one year old.

Without a correct date, I stated that I felt my notarization would be null and void and of no use to Mr. Clark since I had not become a notary until January 23, 2009 and, therefore, my signature and attestation could be challenged. Also, it was very unclear as to which date was supposed to be used in my notary statement and verification of identity. If I wrote 2008, the notary statement was fraudulent. If I wrote 2009, the document itself was possibly fraudulent. Both of those scenarios could subject me to sanctions by the National Notary Association and my employer.

Therefore, in accordance with my best possible professional judgment, I changed the date from 2008 to 2009 as I felt that I was just correcting a clerical error. I regret that this action has caused so much trouble for Mr. Clark and had no idea that the date of these documents would be such an issue as to cause Mr. Clark to suffer sanctions and the possible dismissal of his case. In addition, as I recall, the statement regarding the alteration of these documents referred to the text of the documents not the dates.

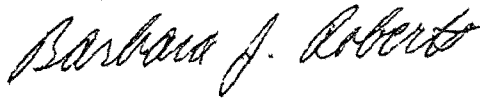
INDUSTRIAL COMMISSION
FEB 27 2009
FILED

In retrospect, I realize that it would have been best for me to refuse to notarize these documents until there were corrected. Although, this would have not created the best situation for Mr. Clark.

Lastly, I did not consult any of my supervisors as they were with other customers at the time and Mr. Clark was pressed for time to get these documents returned by the deadline. I did, therefore, act on my own judgment and volition and would not consider my employer or Mr. Clark in any responsible for this action.

Please let me know if you need anything further.

Sincerely,

A handwritten signature in cursive script that reads "Barbara J. Roberts".

Barbara J Roberts

d Control number		1 Wages, tips, other compensation 8,856.93		2 Federal income tax withheld 9.10	
OMB No. 1545-0008		3 Social security wages 8,856.93		4 Social security tax withheld 549.13	
b Employer identification number 82-0380065		5 Medicare wages and tips 8,856.93		6 Medicare tax withheld 128.45	
c Employer's name, address, and ZIP code WESTERN TIMBER PRODUCTS, INC. 610 W. HUBBARD STE. 203 COEUR D'ALENE ID 83814					
e Employee's first name and initial JAMES		Last name CLARK		Suff.	
PAYETTE ID 83661					
f Employee's address and Zip code					
3 Employee's SSN		7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits		11 Nonqualified plans	
12a		14 Other			
12b					
12c					
12d					
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
15 State Employer's state ID number ID J000184532-W		16 State wages, tips, etc.		17 State income tax 4.00	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form W-2 Wage and Tax Statement 2007 Department of Treasury Internal Revenue Service Copy B To Be Filed with Employer's FEDERAL Tax Return

d Control number		1 Wages, tips, other compensation 8,856.93		2 Federal income tax withheld 9.10	
OMB No. 1545-0008		3 Social security wages 8,856.93		4 Social security tax withheld 549.13	
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12a		14 Other			
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18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form W-2 Wage and Tax Statement 2007 Department of Treasury Internal Revenue Service Copy C To Be Filed With Employer's State, City, or Local Income Tax Return

d Control number		1 Wages, tips, other compensation 8,856.93		2 Federal income tax withheld 9.10	
OMB No. 1545-0008		3 Social security wages 8,856.93		4 Social security tax withheld 549.13	
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e Employee's first name and initial JAMES		Last name CLARK		Suff.	
PAYETTE ID 83661					
f Employee's address and Zip code					
3 Employee's SSN		7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits		11 Nonqualified plans	
12a		14 Other			
12b					
12c					
12d					
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
15 State Employer's state ID number ID J000184532-W		16 State wages, tips, etc.		17 State income tax 4.00	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form W-2 Wage and Tax Statement 2007 Copy C For EMPLOYEE'S RECORDS

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

d Control number		1 Wages, tips, other compensation 8,856.93		2 Federal income tax withheld 9.10	
OMB No. 1545-0008		3 Social security wages 8,856.93		4 Social security tax withheld 549.13	
b Employer identification number 82-0380065		5 Medicare wages and tips 8,856.93		6 Medicare tax withheld 128.45	
c Employer's name, address, and ZIP code WESTERN TIMBER PRODUCTS, INC. 610 W. HUBBARD STE. 203 COEUR D'ALENE ID 83814					
e Employee's first name and initial JAMES		Last name CLARK		Suff.	
PAYETTE ID 83661					
f Employee's address and Zip code					
3 Employee's SSN		7 Social security tips		8 Allocated tips	
9 Advance EIC payment		10 Dependent care benefits		11 Nonqualified plans	
12a		14 Other			
12b					
12c					
12d					
13 Statutory employee <input type="checkbox"/>		Retirement plan <input type="checkbox"/>		Third-party sick pay <input type="checkbox"/>	
15 State Employer's state ID number ID J000184532-W		16 State wages, tips, etc.		17 State income tax 4.00	
18 Local wages, tips, etc.		19 Local income tax		20 Locality name	

Form W-2 Wage and Tax Statement 2007 Department of Treasury Internal Revenue Service

Copy D To Be Filed With Employer's State, City, or Local Income Tax Return

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,)
)
 Claimant,)
 v.)
)
 CRY BABY FOODS, LLC,)
)
 Employer,)
 and)
)
 IDAHO STATE INSURANCE FUND,)
)
 Surety,)
 Defendants.)
 _____)

IC 2008-013505

CERTIFICATE OF SERVICE

FILED

FEB 27 2009

INDUSTRIAL COMMISSION

I hereby certify that on the 27th day of February, 2009, true and correct copies of CLAIMANT'S DOCUMENTS FILED FEBRUARY 27, 2009, (total 4 pages) in the above matter, were *Sent by Facsimile Machine Process* to the following:

Rachael M. O'Bar Fax#: 344-5510
P.O. Box 7426
Boise, ID 83707

INDUSTRIAL COMMISSION

Dena K. Burke
Dena K. Burke
Assistant Commission Secretary

CERTIFICATE OF SERVICE - 1

 ORIGINAL

ANDERSON, JULIAN & HULL LLP
C. W. Moore Plaza
250 South 5th Street, Suite 700
P. O. Box 7426
Boise, ID 83707-7426
Telephone: (208) 344-5800
Facsimile: (208) 344-5510
Alan K. Hull – ISB No.:1568
Rachael M. O’Bar – ISB No.: 5823

2009 FEB 27 P 10:15
RECEIVED
INDUSTRIAL COMMISSION

Attorneys for Defendants

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

vs.

CRY BABY FOODS, LLC,

Employer,

and

IDAHO STATE INSURANCE FUND,

Surety,

Defendants.

I.C. No. 08-013505

**NOTICE OF EXCHANGE OF
EXHIBITS AND DISCLOSURES
PURSUANT TO RULE 10**

COMES NOW Defendants, Cry Baby Foods, LLC and Idaho State Insurance Fund, by and through their attorneys, and pursuant to Rule 10 of the Judicial Rules of Practice and Procedure of the Industrial Commission of the State of Idaho, hereby submits their proposed witness and exhibit lists for the hearing on March 13, 2009:

Witnesses:

1. James Clark, Claimant;
2. Jewel Owen (Via Telephone);

Defendants reserve the right to call as witnesses at the hearing of this matter any individuals identified by the Claimant as witnesses.

Exhibits:

1. Form 1, Notice of Injury (4/17/08);
2. Dominic Gross, M.D.;
3. Treasure Valley Internal Medicine;
4. Lifeways Mental Health Services;
5. R. G. Hansen, M.D.;
6. Jeff Smith, PA-C;
7. Lawrence Green, M.D.;
8. James Moland, M.D.;
9. Eric Holt, M.D.;
10. Richard Wilson, M.D.;
11. Weiser Memorial Hospital;
12. Saint Alphonsus Regional Medical Center;
13. West Valley Medical Center;
14. Holy Rosary/Sport & Orthopaedic Rehabilitation;
15. Industrial Commission Rehabilitation Division;
16. Idaho Department of Correction;

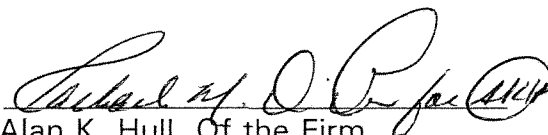
- a. Medical History & Screening;
- b. Inmate Medical Information Form;
- c. Offender Medical Status Report;
- d. Physician's Orders;
- e. Interdisciplinary Progress Notes;
- f. Outpatient Treatment Records;
- g. Report of Physical Examination;
- h. Medical Request Form;
- i. Disciplinary Segregation Medical Documentation;
- j. Health Services Request Co-Pay Form;
- k. Medical Request Disposition/Response;
- l. Transfer/Receiving Medical Screening Forms;
- m. Ophthalmic Record;
- n. Radiology Group;
- o. St. Al's Outpatient Physician Order-Diagnostic Testing;
- p. Lab Reports;
- q. Medication Administration Records;
- r. Medication Consent Form;
- s. Release of Responsibility;
- t. Receipt for Medical Product;
- u. Information Report re Back Injury;
- v. NICI Medical Lay-In;

- w. Intake Mental Health Screening;
- x. Referral to Mental Health;
- y. Psychiatric Evaluation;
- z. Psychotropic Medication Report;
- aa. Immunizations;
- bb. Problem List;
- cc. Medical Diet Authorization;
- dd. Inmate Information Sheet;
- ee. Inmate Concern;
- ff. Account History Report;
- gg. Acute Self-Limiting Problems;
- hh. Offender Track;
- ii. Intrasystem Transfer Form;
- jj. Referral Tracking Record;
- kk. Inmate food Service Worker Clearance;
- ll. Social Security Disability Request for Information;
- mm. Population Information Sheet;
- nn. Jan O. Dahlin, M.D. Records;
- oo. Valley Family Health Care;
- 17. Holy Rosary Medical Center;
- 18. SAIF Worker's Compensation Claim Records (*Reserved*)

Defendants reserve the right to use as exhibits at the hearing of this matter any document or thing produced or identified as an exhibit by Claimant. Defendants reserve the right to the supplement this Notice upon further investigation and review.

DATED this 27th day of February, 2009.

ANDERSON, JULIAN & HULL LLP

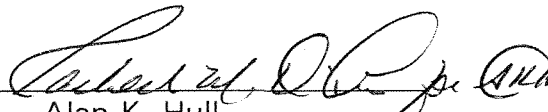
By: 
Alan K. Hull, Of the Firm
Attorneys for Defendants

CERTIFICATE OF MAILING

I HEREBY CERTIFY that on this 27th day of February, 2009, I served a true and correct copy of the foregoing **NOTICE OF EXCHANGE OF EXHIBITS AND DISCLOSURES PURSUANT TO RULE 10** by delivering the same to each of the following, by the method indicated below, addressed as follows:

James W. Clark
10402 Rail Road Lane
Payette, Idaho 83661

U.S. Mail, postage prepaid
 Hand-Delivered
 Overnight Mail
 Facsimile


Alan K. Hull

ANDERSON, JULIAN & HULL LLP
C. W. Moore Plaza
250 South 5th Street, Suite 700
P. O. Box 7426
Boise, ID 83707-7426
Telephone: (208) 344-5800
Facsimile: (208) 344-5510
Alan K. Hull – ISB No.:1568
Rachael M. O’Bar – ISB No.: 5823

 ORIGINAL
2009 FEB 27 P 4:15
RECEIVED
INDUSTRIAL COMMISSION

Attorneys for Defendants

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

vs.

CRY BABY FOODS, LLC,

Employer,

and

IDAHO STATE INSURANCE FUND,

Surety,

Defendants.

I.C. No. 08-013505

**MOTION TO ALLOW HEARING
TESTIMONY VIA TELEPHONE and
MOTION TO SHORTEN TIME**

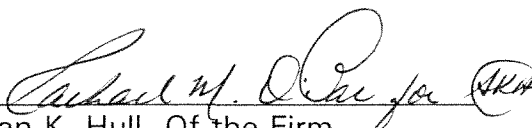
Due to the contentious history of this claim to date, and personal security concerns, Defendants hereby move this Commission for an Order allowing hearing testimony by telephone of Surety witness Jewel Owen. In addition, due to the limited time before the hearing scheduled on March 13, 2009, Defendants further

move the Commission to shorten time for Claimant's response to Defendants' Motion to Allow Hearing Testimony via Telephone.

These Motions are based upon the documents, affidavits, pleadings, and records on file, and brought pursuant to Rules 1, 7 and 10 of the Industrial Commission Judicial Rules of Practice and Procedure.

DATED this 27th day of February, 2009.

ANDERSON, JULIAN & HULL LLP

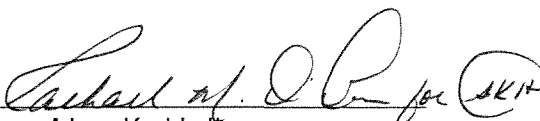
By: 
Alan K. Hull, Of the Firm
Attorneys for Defendants

CERTIFICATE OF MAILING

I HEREBY CERTIFY that on this 27th day of February, 2009, I served a true and correct copy of the foregoing **MOTION TO ALLOW HEARING TESTIMONY VIA TELEPHONE and MOTION TO SHORTEN TIME** by delivering the same to each of the following, by the method indicated below, addressed as follows:

James W. Clark
10402 Rail Road Lane
Payette, Idaho 83661

- U.S. Mail, postage prepaid
- Hand-Delivered
- Overnight Mail
- Facsimile


Alan K. Hull

 ORIGINAL

ANDERSON, JULIAN & HULL LLP
C. W. Moore Plaza
250 South 5th Street, Suite 700
P. O. Box 7426
Boise, ID 83707-7426
Telephone: (208) 344-5800
Facsimile: (208) 344-5510
Alan K. Hull – ISB No.:1568
Rachael M. O’Bar – ISB No.: 5823

2009 FEB 27 P 4:10
RECEIVED
INDUSTRIAL COMMISSION

Attorneys for Defendants

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,

Claimant,

vs.

CRY BABY FOODS, LLC,

Employer,

and

IDAHO STATE INSURANCE FUND,

Surety,

Defendants.

I.C. No. 08-013505

**NOTICE OF COMPLIANCE WITH
THE COMMISSION’S FEBRUARY
6, 2009 ORDER ON MOTION TO
COMPEL**

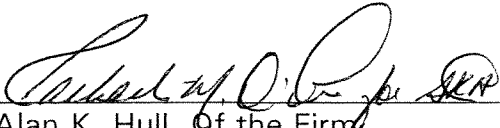
COME NOW Defendants, by and through their undersigned counsel of record, and give notice that on this date Defendants herewith provided Claimant with Defendant’s proposed Rule 10 hearing exhibits, which contain every medical record in their possession or control in connection with this claim.

Regarding the SAIF Corporation records requested by Claimant (**See** Letter dated January 17, 2009, page 3 of 3, and Letter dated January 12, 2009), Defendants understand that Claimant has extensive pre-accident medical records, including records in connection with a work-related arm injury for which Claimant settled a worker's compensation claim with Oregon surety SAIF just prior to the accident that is the subject of this claim. Defendants also understand that the Oregon industrial injury involved the same right forearm or elbow that is the subject of this claim. Although these records are clearly relevant to Claimant's current claim, and may in fact aid his current medical providers in his current treatment regimen, Defendants no longer have copies of the SAIF Corporation records. Claimant apparently contacted SAIF Corporation, and thereafter SAIF Corporation contacted State Insurance Fund and requested the return of all copies of the records in connection with Claimant's Oregon worker's compensation claim. Pursuant to SAIF Corporation's request, State Insurance Fund returned all copies of records, and all SIAF records scanned or otherwise stored in any capacity by or on behalf of State Insurance Fund have been destroyed. A copy of State Insurance Fund's letter to SAIF Corporation dated January 30, 2009, is attached hereto as **Exhibit A**. Defendants assert that the Commission's Order on Motion to Compel clearly applies to the SAIF Corporation records, as well as any other medical and psychological treatment records, and thus any objection to Defendants' use of these records is now moot. Claimant represented on numerous occasions to Defendants that he has copies of the SAIF Corporation records, and therefore he

will be required to provide copies of the same to Defendants as requested in Defendants' discovery requests.

DATED this 27th day of February, 2009.

ANDERSON, JULIAN & HULL LLP

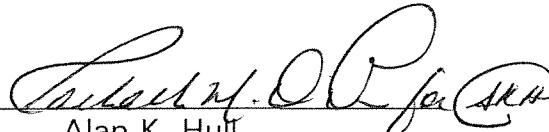
By: 
Alan K. Hull, Of the Firm
Attorneys for Defendants

CERTIFICATE OF MAILING

I HEREBY CERTIFY that on this 27th day of February, 2009, I served a true and correct copy of the foregoing **NOTICE OF COMPLIANCE WITH THE COMMISSION'S FEBRUARY 6, 2009 ORDER ON MOTION TO COMPEL** by delivering the same to each of the following, by the method indicated below, addressed as follows:

James W. Clark
10402 Rail Road Lane
Payette, Idaho 83661

- U.S. Mail, postage prepaid
- Hand-Delivered
- Overnight Mail
- Facsimile


Alan K. Hull



STATE INSURANCE FUND

January 30, 2009

BRAD KILIP CLAIMS ADJUSTER
SAIF CORP
400 HIGH ST SE
SALEM OR 97312

RE: CLAIM#: 200806268
CLAIMANT: James W. Clark
EMPLOYER: Crybaby Foods
DOI: 4-17-08

Dear Mr. Kilip:

This letter is in response to your correspondence dated January 23, 2009 regarding the above-captioned claimant. Enclosed please find the records that were mailed to the State Insurance Fund on or about August 14, 2008. Please be advised the State Insurance Fund has deleted these records from our computer system; therefore, no records from SAIF regarding Mr. Clark are on our system.

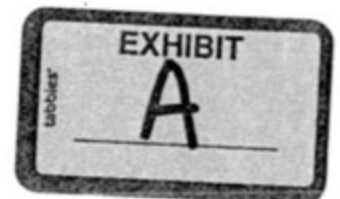
Thank you for your attention to this matter. If you have any questions, please call our office at (208) 332-2422.

Sincerely,

JEWEL OWEN
Senior Claims Examiner

JO:DB-4254
Enclosure

cc: Alan Hull, Esq. ✓



DENA BURK
~~125~~ pg 17

1208-332-7558

Feb 28 2009

BE FOR THE INDUSTRIAL
COMMISSION OF THE STATE
OF IDAHO
ICNO-08-013305
CLAIMNO-200806268

FILED

MAR - 2 2009

INDUSTRIAL COMMISSION

I AM REQUESTING THAT
THE INDUSTRIAL COMMISSION
OF THE STATE OF IDAHO SUBPOENA
THE FOLLOWING UNDER RULE
IDAPA 28.25.H.1 TO ATTEND
THE HEARING THAT IS SET FOR

MARCH 13, 2009

MS. RACHEAL O'RYAN ATTORNEY
FOR THE DEFENDANTS.

MS. JOE CLEVEN
CAROL GARLAND
BOTH FROM THE IDAHO STATE
INSURANCE FUND

SANDY BASKET
FROM THE INDUSTRIAL OF THE
STATE OF IDAHO REVOCATION

379

Discussion

EXHIBITS AND DISCLOSURES
Pursuant to Rule 10,
I James Clark representing myself
At This Time hereby submit exhibit
List.

Letter Received from Rachael O'Bar
Via Fax + mailed on Jan 27 ~~2009~~
and letter ~~via~~ Fax on Jan 27, 09
and end west Valley Medical Center
Pre operative Instruction
These will be exhibits
A-B-C

2 Letter from Dr Hansen Dated
Dec 8, 2008 This will be exhibits
D and E

2 Document ~~B~~ Received from
Via ~~fax~~ from Scott Corporation on 12-15-2008
This will be exhibits
F and G

3 document the was sent to Drgoss
on the fax on may 29, 2008

These will be exhibits

H-T-J AND five photos exhibits to L.M.W.
And the Toledo Insurance Fund already
have copies of medical record that
I am ask to be payed do to the fact
the they are related to my injury on
April 17 08.

I am asking the Commission to make
them show up in person and not via
Phone

Exhibits f and g or the only Document
that I have from said Corporation.

Thank you for your Time.

Sincerely



James Clark



ANDERSON, JULIAN & HULL LLP

Attorneys and Counselors at Law

Robert A. Anderson
Brian K. Julian
Alan K. Hull
Chris H. Hansen
Phillip J. Collaer
Michael P. Stefanic
Amy G. White

Justin P. Aylsworth
Mark D. Sebastian
Matthew O. Pappas
Rachael M. O'Bar
Stephen L. Adams
Robert A. Mills
Bret A. Walther

C. W. Moore Plaza
250 South Fifth Street, Suite 700
Post Office Box 7426
Boise, Idaho 83707-7426
Telephone: (208)344-5800
Facsimile: (208)344-5510

e-mail: ajh@ajhlaw.com
Web Site: www.ajhlaw.com
With Attorneys Licensed to Practice in
Idaho, CO, MD, OR, PA, UT and WA

January 27, 2009

Via facsimile (208) 549-2161

James Clark
10402 Railroad Lane
Payette, Idaho 83661

Re: **Clark v. Cry Baby Foods**
Our File No.: 638-271

Dear Mr. Clark:

Pursuant to our telephone conversation this morning, please be advised that State Insurance Fund will provide reimbursement for the expense of necessary travel from your home to Caldwell for your outpatient surgical procedure on January 29, 2009. Such reimbursement will be made pursuant to Idaho Code at the mileage rate allowed by the State Board of Examiners for state employees, 45.5 cents per mile calculated by the shortest practical route of travel. In addition, State Insurance Fund will issue a check on Monday, February 2, 2009, in the amount of \$150.00 for attendant costs for your mother and significant other to provide attendant care for you following your surgical procedure by Dr. Hansen.

I wish you well during your surgical procedure and recovery, Mr. Clark. Please feel free to contact me if you have any additional questions. Thank you.

Sincerely,

Rachael M. O'Bar

cc: Industrial Commission
Jewel Owen, State Insurance Fund

382



ANDERSON, JULIAN & HULL LLP

Attorneys and Counselors at Law

Robert A. Anderson
Brian K. Julian
Alan K. Hull
Chris H. Hansen
Phillip J. Collaer
Michael P. Stefanic
Amy G. White

Justin P. Aylsworth
Mark D. Sebastian
Matthew O. Pappas
Rachael M. O'Bar
Stephen L. Adams
Robert A. Mills
Bret A. Walther

C. W. Moore Plaza
250 South Fifth Street, Suite 700
Post Office Box 7426
Boise, Idaho 83707-7426
Telephone: (208)344-5800
Facsimile: (208)344-5510

e-mail: ajh@ajhlaw.com
Web Site: www.ajhlaw.com
With Attorneys Licensed to Practice in
Idaho, CO, MD, OR, PA, UT and WA

January 27, 2009

Via facsimile (208) 549-2161

James Clark
10402 Railroad Lane
Payette, Idaho 83661

Re: **Clark v. Cry Baby Foods**
Our File No.: 638-271

Dear Mr. Clark:

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I wish you well during your surgical procedure and recovery, Mr. Clark. Please feel free to contact me if you have any additional questions. Thank you.

Sincerely,

Rachael M. O'Bar
Rachael M. O'Bar

cc: Industrial Commission
Jewel Owen, State Insurance Fund

Handwritten note in a circle: 92.00 check mileage 154.2271

Handwritten note: Explanation of Benefits mail on this date under separate cover

383

H.H. MS. O'Bar 3:30
 208-344-5510 455-3802
PRE-OPERATIVE INSTRUCTIONS

Patient Name: James Clark	
Surgery Date: 1-29-09	Surgeon: Dr. Hansen

1. Please arrive at West Valley Medical Center on: Mon / Tues / Wed / Thurs / Fri, January 29, 2009, at 12:45 a.m./p.m.
2. Your surgery is scheduled for 2:15 a.m./p.m.; however, we need time to prepare you for surgery. Do not bring children to the hospital with you.
3. Inform your doctor if you have a cold, infection, fever or illness. If a cancellation is necessary for any reason, please call your doctor AND (208) 459-4641 and ask for the Nursing Supervisor.
4. Do Not eat or drink anything after midnight the night before surgery. You cannot have surgery if you have eaten or had anything to drink. No gum, mints, or chewing tobacco either. Ask your doctor about your routine medications.
have perphenazine with a small sip of water - A.M. and Noon only.
5. Please take your usual shower or bath prior to coming to the hospital. When you brush your teeth, please be careful not to swallow any water.
Water only until 10:00 A.M. then nothing by mouth.
6. Please do not bring any valuables (money, jewelry, etc.) with you to the hospital. Please do not wear contacts to the hospital; glasses are preferred. If you must wear contacts, bring your case to store them. Please do not wear any nail polish or makeup.
Cleanse right wrist with scrub brush for 3 minutes then rinse well.
7. Bring a list with you to the hospital of all medications that you are currently taking.
may take Norco (pain med) when you first wake up. with water only.
8. Please make arrangements for someone to be with you prior to surgery and to wait and drive you home after surgery. You will not be allowed to drive yourself home.
9. You will need to have someone stay with you on the day you return home.
10. A parent or legal guardian must accompany a minor to the hospital, both to pre-register and the day of surgery to sign consent forms.
11. If your child is having surgery, you must remain with your child after they return from recovery.
12. Only one family member or visitor will be allowed to wait with you in the Day Surgery Unit.
13. Activities the day of surgery: (a) pre-op medications; (b) to OR on stretcher; (c) to OR suite (BP cuff, electrodes, sedation (sleep medication)); (d) to Recovery Room (BP cuff, pulse oximeter, oxygen mask); (e) to room (frequent vital signs, IV's, voiding, specific to diagnosis); (f) pain medications; (g) special equipment; and (h) post-op teaching.
14. Wear comfortable clothes that you can wear home after surgery.

Signature: *[Handwritten Signature]*
 Patient/Patient Representative

CLARK, JAMES W
 M00400149780 PRE SDC
 01/29/09 Hansen, Robert G *
 DOB: 11/10/58 50 M MR# M000148690
 WEST VALLEY MEDICAL CENTER CALDWELL, ID

384

Charles P. Schneider, M.D.

December 8, 2008

George A. Nicola, M.D.

John Q. Smith, M.D.

Robert G. Hansen, M.D.

Craig T. Jamison, PA-C

Jeffery D. Smith, PA-C

Thomas W. Tryon, PA-C

RE: JAMES CLARK

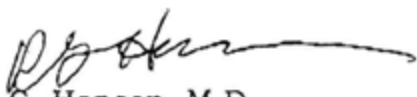
Dear Sir:

Mr. Clark was involved in a situation where he had a reaction to medication, at which time he was reportedly driving following a reaction to medication and was arrested for a Class C felony, fleeing or attempting to evade a police officer.

Mr. Clark was found not guilty at a jury trial, he indicates, because he was on medication on the day that this had happened.

The medication being taken was being taken in accordance with the directions that he was given for treatment of problems related to his work-related injury.

Yours truly,


Robert G. Hansen, M.D.

RGH/dvd

Arthroscopy

Fracture Care

Hand Surgery

Knee Ligament
Reconstruction

Foot & Ankle Surgery

Joint Replacement

Sports Injuries

Arthritis Surgery

Microsurgery

Adult & Children's
Orthopedics

Caldwell Office
206 East Elm
Caldwell, Idaho 83605
Telephone 208.459.4511
Fax 208.459.6602

Meridian Office
3875 E. Overland Road
Meridian, Idaho 83642
Telephone 208.895.0888
Fax 208.888.3911



Charles P. Schneider, M.D.
George A. Nicola, M.D.
John Q. Smith, M.D.
Robert G. Hansen, M.D.
Craig R. Jamison, PA-C
Jeffery D. Smith, PA-C
Thomas W. Tryon, PA-C

December 8, 2008

RE: JAMES CLARK

Dear Sir:

Mr. Clark had had a reaction to medication and was transported to Memorial Hospital Emergency Room by ambulance on 08-15-08. He was seen by the emergency room doctor there with findings, reading through the chart, that involved diaphoresis, nausea, vomiting, anxiety, headaches, and apparently some cognitive changes.

The emergency room doctor's evaluation was that this gentleman had gastritis with a reaction to Neurontin.

On my evaluating the emergency room records, it would seem that a combination of the medications which he was taking, including Neurontin were involved in this medication action and the fact that it may not have been appropriate for him to drive himself to the hospital.

Yours truly,

Robert G. Hansen, M.D.

RGH/dvd

- Arthroscopy
- Fracture Care
- Hand Surgery
- Knee Ligament Reconstruction
- Foot & Ankle Surgery
- Joint Replacement
- Sports Injuries
- Arthritis Surgery
- Microsurgery
- Adult & Children's Orthopedics

Caldwell Office
206 East Elm
Caldwell, Idaho 83605
Telephone 208.459.4511
Fax 208.459.6602

Meridian Office
3875 E. Overland Road
Meridian, Idaho 83642
Telephone 208.895.0888
Fax 208.888.3911



STATE INSURANCE FUND

Att Mary
2 page

August 7, 2008

SAIF CORPORATION
400 HIGH ST SE
SALEM OR 97312

RE: CLAIM #: 200806268
CLAIMANT: James Walter Clark
SSN: [REDACTED]
EMPLOYER: Cry Baby Foods
DOI: 4/17/08

7958170

Jesta

To Whom It May Concern:

The State Insurance Fund is the workers compensation carrier for Cry Baby Foods at which James Walter Clark has filed an industrial claim.

The State Insurance Fund is a member of the ISO Claim Search (ISO) system. We have received information from ISO that you have also reported workers compensation claims for James Walter Clark on May 9, 2005, February 13, 2006, and August 16, 2005.

Enclosed is a signed and dated medical release authorization. Please forward copies of all past medical records in reference to the claim reported to ISO. Submit this information to the STATE INSURANCE FUND, 1215 WEST STATE STREET, BOX 83720, BOISE, IDAHO 83720-0044.

Thank you for your assistance in this matter. If you have any questions, please contact me directly at (208) 332-2422.

Sincerely,

JEWEL OWEN
Senior Claims Examiner
JO:lb-07230.doc

Enclosure

HTS
hr

Barbra
majewski

as Court of Appeals
Federal Court
House
Clark

SAIF 08-1108

5207102008026

Patient Name: JAMES CLARK
Birth Date: [REDACTED]
Address: [REDACTED]
Phone Number: [REDACTED]
SSN or Case Number: [REDACTED]

(Provider Use Only)
Medical Record Number: _____
 Pick up Copies Fax Copies # _____
 Mail Copies
ID Confirmed by: _____

AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION

I hereby authorize Dr. Hansen to disclose health information as specified:
Provider Name - must be specific for each provider

To: _____
Insurance Company/Third Party Administrator/Self Insured Employer/SIFE, their attorneys or patient's attorney
Indiana State Insurance Fund
Street Address
1215 W State Street Boone IN 46004
City State Zip Code

Purpose or need for data: Hearing
(e.g. Worker's Compensation Claim)

- Information to be disclosed: Date(s) of Hospitalization/Care: _____
- Discharge Summary
 - History & Physical Exam
 - Consultation Reports
 - Operative Reports
 - Lab
 - Pathology
 - Radiology Reports
 - Entire Record
 - Other: Specify _____

- I understand that the disclosure may include information relating to (check if applicable):
- AIDS or HIV
 - Psychiatric or Mental Health Information
 - Drug/Alcohol Abuse Information

I understand that the information to be released may include material that is protected by Federal Law (45 CFR Part 164) and that the information may be subject to redisclosure by the recipient and no longer be protected by the federal regulations. I understand that this authorization may be revoked in writing at any time by notifying the privacy officer, except that revoking this authorization won't apply to information already released in response to this authorization. I understand that the provider will not condition treatment, payment, enrollment, or eligibility for benefits on my signing this authorization. Unless otherwise revoked, this authorization will expire upon resolution of worker's compensation claim. Provider, its employees, officers, copy service contractors, and physicians are hereby released from any legal responsibility or liability for disclosure of the above information to the extent indicated and authorized by me on this form and as outlined in the Notice of Privacy. My signature below authorizes release of all information specified in this authorization. Any questions that I have regarding disclosure may be directed to the privacy officer of the Provider specified above.

[Signature] _____ 6-30-08
Signature of Patient Date

Signature of Legal Representative & Relationship to Patient/Authority to Act Date

Signature of Witness Title Date

388



IDAHO INDUSTRIAL COMMISSION

501 No. 16th, Ste. 107
Payette, ID 83661-0179
(208) 642-6417 - Fax (208) 642-6163

COMMISSIONERS
James F. Kirk, Chairman
K.D. Maynard
Thomas S. Linbough

Wynne Messingway, Director

CL. BUTCH OFFICE, GOVERNOR

RECEIVED REHAB

MAY 29 2008

INDUSTRIAL COMMISSION
PAYETTE, IDAHO

May 29 2008

Dominic Gross, MD
311 W. Idaho
Boise, ID 83702

RE: James Clark
Date of Appointment: 06-29-08

Dear Dr. Gross:

James Clark's employer has modified/light duty available to accommodate his return-to-work in regard to the industrial injury of 04/17/2008.

The attached job site evaluation of that position is attached. Does your objective medical data indicate James can now return to this position?

Yes No

[Handwritten Signature]
Physician Signature

5/29/08
Date

Please sign and return this form to me. If you have any questions, please call. Thank you!

Sincerely,

[Handwritten Signature: Sandy Baskett]

Sandy Baskett, Consultant
Rehabilitation Division

Post/Fax Note	7671	Date	05/29/08	# of pages	1
To	Carol Garland	From	Sandy B.		
Co./Dept.	SIF	Co.	ICRD		
Phone #	# 200806268	Phone #			
Fax #	332-2171	Fax #	642-6163		NA

Equal Opportunity Employer

FORM 2004
IDAHO STATE INDUSTRIAL COMMISSION
REHABILITATION DIVISION
FOR OFFICIAL USE ONLY

JOB SITE EVALUATION

ONE HAND- LIGHT DUTY

NAME James Clark
RDIAT # 59058
DDI 04/17/2008
TYPE OF INJURY All Other Injuries, Noc

EMPLOYER'S NAME/IC CODE Cry Baby Foods Llc		TELEPHONE NUMBER () -	
ADDRESS 482 Industrial Rd, Weiser, ID 83672		INDUSTRY	
JOB TITLE Line Worker	DOT CODE	UNION	RATE OF PAY \$308.00/wk
CONTACT PERSON/TITLE Ken Adams		FIELD CONSULTANT Sandy Basket	
GENERAL JOB DESCRIPTION Stand or sit at conveyor. One handed - pick up trash or product from moving line and place in bucket or alternate conveyor line.			
EXPERIENCE/TRAINING/LICENSE REQUIRED		TIME WITH EMPLOYER 1 week	

PHYSICAL ACTIVITIES

1. Average hours per work day: **10** Shift: **4 - 5 days. Modified work hours available**

2. In an average work day, total cumulative time required for each activity:

A. Sitting **10** (Hrs)

B. Standing (Hrs)

C. Walking (Hrs)

D. Combined Standing/Walking **10** (Hrs)

Explain:

3. Maximum consecutive time required for each activity (explain):

A. Sitting: **2 hours**

B. Standing:

C. Walking:

D. Combined Standing/Walking: **2 hours**

4. In an average work day, the weight lifting requirements are:

	Not Required	Rarely (Explain)	Occasionally (1% to 33%)	Frequently (34% to 66%)	Continuously (67% to 100%)
A. 0 to 10 lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. 11 to 20 lbs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. 21 to 35 lbs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. 36 to 50 lbs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. 51 to 75 lbs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. 76 to 100 lbs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Over 100 lbs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain (distance carried, height, type of object, etc.): **Trash or product. Less than 1 pound**

390

2009-03-02 09:31

Bankofthewest212

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P 12/17

5. In an average work day, the employee is required to perform:

	Not Required	Rarely (Explain)	Occasionally (1% to 33%)	Frequently (34% to 66%)	Continuously (67% to 100%)
A. Climbing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Bending/Stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C. Kneeling	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Crouching	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Twisting	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain: B. Slight bend at waist to reach middle of conveyor belt.

6. Use of upper and lower extremities:

	Not Required	Rarely (Explain)	Occasionally (1% to 33%)	Frequently (34% to 66%)	Continuously (67% to 100%)
A. Reaching (shoulder height or below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B. Reaching (above shoulder)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Grasping/Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D. Fine Manipulation/Fingering	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Pushing/Pulling (lbs effort)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Operating Foot Controls (lbs effort)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain:

7. Sensory Requirements (speech, vision, smell, touch, hearing): Normal Range

8. Is employee able to vary physical position or activity to perform the job? Yes No Explain:

ENVIRONMENTAL FACTORS

9. Time spent inside: 100% Time spent Outside: % Explain:

10. Temperature: Normal Inside Range Normal Outside Range (exposure to weather) Extreme Heat Extreme Cold Extreme Temp. Change

Explain:

11. Humidity: Normal Range Wet/Humid Dry Explain:

12. Atmospheric Conditions and Noise:

Fumes Odors Dusts Mists Gases Poor Ventilation Noise (explain):

Explain: Onion

13. Potential Hazards: Mechanical Electrical Burns Toxic/Corrosive Chemicals Other

Explain (unstable footing, heights, etc.):

14. Protective clothing or personal devices required:

COMMENTS: Employer offering one handed work, modified hours available.

FOR PHYSICIAN ONLY

Approved Approved with Noted Modification Not Approved

Comments

Physician Signature: *[Signature]* Date: 5/29/08

ORIGINAL SIGNATURES ON FILE

I have reviewed the above Job Site Evaluation

Employer Ken Adams	Date 05-29-08
Consultant Sandy Baskett	Date 05-29-08
Worker	Date
Other	Date

391



392



392



Att Dana Burk

Feb 28, 89

Before The Industrial Commission
of The State of Idaho

Case No. 68-03505

Response to Letter Received on Feb 28, 89
Thru Defendants Attorneys Witness List
I object to Jewel Owen Being Able
to Be at The Hearing Via Phone.

Do to the fact that when I ask a question
about a Document that has her name on
she can just say:

I'm not sure what Document that
you are asking about Mr Clark say
I can not see what Document that
you are asking about.

My hearing will be useless if
she can use this tactic as an
excuse to not answer to my question about
Document that I have sent as exhibits
for my hearing.

All parties was given enough notice
to show for this hearing.

So I am asking The Commission

pg 1 of 2

394

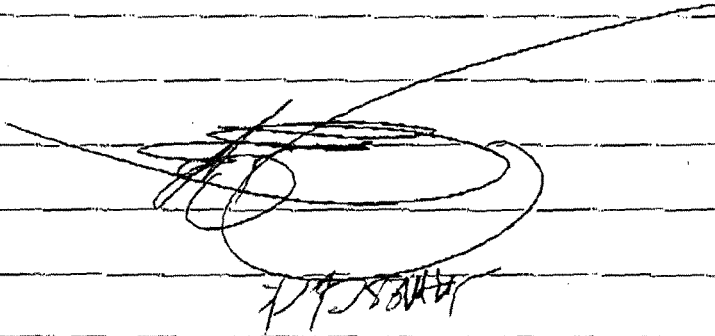
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208 549 2161 >>

P 16/11

395

25 Feb



Thank you for your time

to demand that Jewel Owen to
 stand up in person for my hearing that
 is set for March 13, 09.
 I understand will be traveling over
 70 miles. I'm sure that from where
 Mrs Owen is only about 5 miles or less so
 there should be no reason why she can not
 show in person.

BEFORE THE INDUSTRIAL COMMISSION OF THE STATE OF IDAHO

JAMES W. CLARK,)
)
 Claimant,)
 v.)
)
 CRY BABY FOODS, LLC,)
)
 Employer,)
 and)
)
 IDAHO STATE INSURANCE FUND,)
)
 Surety,)
 Defendants.)

IC 2008-013505

CERTIFICATE OF SERVICE

FILED

MAR - 2 2009

INDUSTRIAL COMMISSION

I hereby certify that on the 2nd day of March, 2009, true and correct copies of CLAIMANT'S DOCUMENTS FILED MARCH 2, 2009, (total 17 pages) in the above matter, were *Sent by Facsimile Machine Process* to the following:

Rachael M. O'Bar Fax#: 344-5510
P.O. Box 7426
Boise, ID 83707

INDUSTRIAL COMMISSION

Dena K. Burke
Dena K. Burke
Assistant Commission Secretary

