Cómo presentar una petición para la reconsideración de un caso

Presente una petición para la reconsideración de un caso para apelar una decisión de un juez de compensación de trabajadores.

La oficina regional de la Junta de Apelaciones de Compensación de Trabajadores *(Workers' Compensation Appeals Board - WCAB)* local que emitió la decisión debe recibir su petición dentro de 20 días a partir de la fecha en que se emitió la decisión. Si la decisión del juez fue enviada por correo a su residencia en California, la oficina regional de la *WCAB* local debe recibir su petición dentro de 25 días.

Usted encontrará la fecha en que se emitió la decisión cerca de la firma del juez.

La petición adjunta indica las cinco razones para apelar la decisión de un juez. Tache los puntos que no aplican a su caso. Asegúrese de cubrir cada punto de la decisión con la que usted no está de acuerdo e incluya una explicación completa. Usted puede adjuntar más hojas de papel, si es necesario.

Llene las dos páginas de la petición. Siga el ejemplo adjunto. Asegúrese de firmar y fechar el formulario. Por favor, tenga en cuenta que hay tres líneas de firma.

Envíe el original de su petición a la oficina local de la *WCAB* que emitió la decisión y copias a todas las partes.

Presente los siguientes documentos con su formulario en el orden indicado:

- ✓ Hoja de Portada de Documento
- ✓ Hoja de Separador de Documento (para la Petición para la Reconsideración de un Caso)
- ✓ *Petition for Reconsideration* (Petición para la Reconsideración de un Caso)
- ✓ Hoja de Separador de Documento (para la Prueba de Entrega por Correo)
- ✓ *Proof of Service by Mail* (Prueba de Entrega por Correo)

Guarde copias de sus documentos presentados para su registro.

Todos los documentos presentados en la *WCAB* deben incluir una hoja de portada de documento y una hoja de separador de documento. Por favor consulte las guías 17 y 18 de *I&A* para aprender cómo llenar estos formularios. Además todos los formularios deben ser escritos a máquina o a mano utilizando letra de molde para asegurar la legibilidad. Instrucciones de formularios adicionales

pueden encontrarse en el manual de formularios *OCR* de *EAMS* en http://www.dir.ca.gov/dwc/eams/SampleFiles/EAMS_OCR%20handbook.pdf. Si necesita ayuda, llame a una oficina de Información y Asistencia *(I&A)* o asista a un taller para trabajadores lesionados. Los números de teléfono de las oficinas locales de *I&A* están adjuntos a esta guía. Usted puede obtener información sobre un taller local de la oficina de *I&A* o en la Web en www.dwc.ca.gov.

Si no tiene el nombre y la dirección de su compañía de seguros para completar un formulario, por favor enlace a http://www.dir.ca.gov/DWC/EAMS/EAMS-LC/EAMSClaimsAdmins.asp.

La información contenida en esta guía es de índole general y no pretende substituir asesoramiento legal. Los cambios en la ley o los datos específicos de su caso podrían resultar en interpretaciones legales distintas de las que aquí se presentan.

Al enviar documentos a una oficina regional, por favor asegúrese que no estén doblados ni engrapados. Envíelos en un sobre grande de manila. Por favor consulte con el manual de formularios *OCR* de *EAMS* para instrucciones adicionales.

WORKERS' COMPENSATION APPEALS BOARD
DISTRICT OFFICES

ANAHEIM, 92806-2131
1065 N PacifiCenter Drive, Suite 170
Information & Assistance Unit **(714) 414-1800**

BAKERSFIELD, 93301-1929
1800 30th Street, Suite 100
Information & Assistance Unit **(661) 395-2514**

EUREKA, 95501-0481 *** Satellite office ***
100 "H" Street, Suite 202
Information & Assistance Unit **(707) 441-5723**

FRESNO, 93721-2219
2550 Mariposa Street, Suite 4078
Information & Assistance Unit **(559) 445-5355**

LONG BEACH, 90802-4339
300 Oceangate Street, Suite 200
Information & Assistance Unit **(562) 590-5240**

LOS ANGELES, 90013-1105
320 W 4th Street, 9th Floor
Information & Assistance Unit **(213) 576-7389**

MARINA DEL REY, 90292-6902
4720 Lincoln Boulevard, 2nd and 3rd floors
Information & Assistance Unit **(310) 482-3858**

OAKLAND, 94612-1499
1515 Clay Street, 6th Floor
Information & Assistance Unit **(510) 622-2861**

OXNARD, 93030-7912
1901 N Rice Avenue, Suite 100
Information & Assistance Unit **(805) 485-3528**

POMONA, 91768-1653
732 Corporate Center Drive
Information & Assistance Unit **(909) 623-8568**

REDDING, 96002-0940
250 Hemsted Drive, 2nd Fl, Ste. B
Information & Assistance Unit **(530) 225-2047**

RIVERSIDE, 92501-3337
3737 Main Street, Suite 300
Information & Assistance Unit **(951) 782-4347**

SACRAMENTO, 95834-2962
160 Promenade Circle, Suite 300
Information & Assistance Unit **(916) 928-3158**

SALINAS, 93906-2204
1880 N Main Street, Suites 100 & 200
Information & Assistance **(831) 443-3058**

SAN BERNARDINO, 92401-1411
464 W Fourth Street, Suite 239
Information & Assistance Unit **(909) 383-4522**

SAN DIEGO, 92108-4424
7575 Metropolitan Drive, Suite 202
Information & Assistance Unit **(619) 767-2082**

SAN FRANCISCO, 94102-7014
455 Golden Gate Avenue, 2nd Floor
Information & Assistance Unit **(415) 703-5020**

SAN JOSE, 95113-1402
100 Paseo de San Antonio, Suite 241
Information & Assistance Unit **(408) 277-1292**

SAN LUIS OBISPO, 93401-8736
4740 Allene Way, Suite 100
Information & Assistance Unit **(805) 596-4159**

SANTA ANA, 92701-4070
605 W Santa Ana Boulevard, Bldg 28, Suite 451
Information & Assistance Unit **(714) 558-4597**

SANTA BARBARA, 93101-7538 *** Satellite office ***
130 E Ortega St.
Information & Assistance Unit **(805) 568-1390**

SANTA ROSA, 95404-4771
50 "D" Street, Suite 420
Information & Assistance Unit **(707) 576-2452**

STOCKTON, 95202-2314
31 E Channel Street, Suite 344
Information & Assistance Unit **(209) 948-7980**

VAN NUYS, 91401-3370
6150 Van Nuys Boulevard, Suite 105
Information & Assistance Unit **(818) 901-5374**

Rev. 5/16

STATE OF CALIFORNIA
DWC DISTRICT OFFICE

DOCUMENT COVER SHEET

Is this a new case? Yes ☐ No ☐ Companion Cases Exist ☐ Walkthrough Yes ☐ No ☐

More than 15 Companion Cases ☐

_____ SSN: _____

Date:(MM/DD/YYYY)

☐ Specific Injury

_____ ☐ Cumulative Injury _____ _____

Case Number 1 (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)

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

Body Part 1: _____ Body Part 3: _____

Body Part 2: _____ Body Part 4: _____

Other Body Parts: _____

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

☐ ADJ ☐ DEU ☐ SIF ☐ UEF ☐ INT ☐ RSU

Companion Cases

☐ Specific Injury

_____ ☐ Cumulative Injury _____ _____

Case Number 2 (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)

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

Body Part 1: _____ Body Part 3: _____

Body Part 2: _____ Body Part 4: _____

Other Body Parts: _____

☐ Specific Injury

Case Number 3 ☐ Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)

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

Body Part 1: _____ Body Part 3: _____

Body Part 2: _____ Body Part 4: _____

Other Body Parts: _____

☐ Specific Injury

Case Number 4 ☐ Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)

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

Body Part 1: _____ Body Part 3: _____

Body Part 2: _____ Body Part 4: _____

Other Body Parts: _____

☐ Specific Injury

Case Number 5 ☐ Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)

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

Body Part 1: _____ Body Part 3: _____

Body Part 2: _____ Body Part 4: _____

Other Body Parts: _____

☐ Specific Injury

Case Number 6 ☐ Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)

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

Body Part 1: _____ Body Part 3: _____

Body Part 2: _____ Body Part 4: _____

Other Body Parts: _____

☐ Specific Injury

Case Number 7 ☐ Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)

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

Body Part 1: _____ Body Part 3: _____

Body Part 2: _____ Body Part 4: _____

Other Body Parts: _____

☐ Specific Injury

Case Number 8 ☐ Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)

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

Body Part 1: _____ Body Part 3: _____

Body Part 2: _____ Body Part 4: _____

Other Body Parts: _____

☐ Specific Injury

Case Number 9 ☐ Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)

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

Body Part 1: _____ Body Part 3: _____

Body Part 2: _____ Body Part 4: _____

Other Body Parts: _____

☐ Specific Injury

Case Number 10 ☐ Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)

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

Body Part 1: _____ Body Part 3: _____

Body Part 2: _____ Body Part 4: _____

Other Body Parts: _____

☐ Specific Injury

Case Number 11 ☐ Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)

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

Body Part 1: _____ Body Part 3: _____

Body Part 2: _____ Body Part 4: _____

Other Body Parts: _____

☐ Specific Injury

Case Number 12 ☐ Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)

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

Body Part 1: _____ Body Part 3: _____

Body Part 2: _____ Body Part 4: _____

Other Body Parts: _____

☐ Specific Injury

Case Number 13 ☐ Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)

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

Body Part 1: _____ Body Part 3: _____

Body Part 2: _____ Body Part 4: _____

Other Body Parts: _____

☐ Specific Injury

Case Number 14 ☐ Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)

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

Body Part 1: _____ Body Part 3: _____

Body Part 2: _____ Body Part 4: _____

Other Body Parts: _____

☐ Specific Injury

Case Number 15 ☐ Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)

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

Body Part 1: _____ Body Part 3: _____

Body Part 2: _____ Body Part 4: _____

Other Body Parts: _____

☐ Specific Injury

Case Number 16 ☐ Cumulative Injury (Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)

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

Body Part 1: _____ Body Part 3: _____

Body Part 2: _____ Body Part 4: _____

Other Body Parts: _____

District office codes for place of venue

Legend	
Abbreviation	**Office**
AHM	Anaheim
ANA	Santa Ana
BAK	Bakersfield
EUR	Eureka
FRE	Fresno
GOL	Goleta
LAO	Los Angeles
LBO	Long Beach
MDR	Marina del Rey
OAK	Oakland
OXN	Oxnard
POM	Pomona
RDG	Redding
RIV	Riverside
SAC	Sacramento
SAL	Salinas
SBR	San Bernardino
SDO	San Diego
SFO	San Francisco
SJO	San Jose
SLO	San Luis Obispo
SRO	Santa Rosa
STK	Stockton
VNO	Van Nuys

Use this document to complete forms, but do not file this document with your forms.

Body Part Code List

The body part codes listed below are used to complete forms that require the listing of the part of the body that is in issue. Please do not file this document with your forms.

100	Head - not specified
110	Brain
120	Ear - not specified
121	Ear - external
124	Ear - internal including hearing
130	Eye - including optic nerves and vision
140	Face - not specified
141	Jaw - including chin and mandible
144	Mouth - including lips, tongue, throat and taste
145	Teeth
146	Nose - including nasal passages, sinus and smell
148	Face - multiple parts any combination of above parts
149	Face - forehead, cheeks, eyelids
150	Scalp
160	Skull
198	Head - multiple injury any combination of above parts
200	Neck
300	Upper extremities - not specified
310	Arm - above wrist not specified
311	Arm - upper arm humerus
313	Arm - elbow head of radius
315	Arm -forearm radius and ulna
318	Arm - multiple parts any combination of above parts
319	Arm - not specified
320	Wrist
330	Hand - not wrist or fingers
340	Fingers
398	Upper extremities - multiple parts any combination of above parts
400	Trunk - not specified
410	Abdomen - including internal organs and groin
411	Hernia
420	Back - including back muscles, spine and spinal cord
430	Chest - including ribs, breast bone and internal organs of the chest
440	Hips - including pelvis, pelvic organs, tailbone, coccyx and buttocks
450	Shoulders - scapula and clavicle
498	Trunk - use for side; multiple parts any combination of above parts
500	Lower extremities - not specified
510	Legs - above ankles, not specified
511	Thigh femur
513	Knee Patella
515	Lower leg tibia and fibula
518	Leg - multiple parts any combination of above parts
519	Leg - not specified
520	Ankle malleolus
530	Foot not ankle or toe
540	Toes
598	Lower extremities - multiple parts any combination of above parts
700	Multiple parts more than five major parts use only in fifth position of listing of body parts
800	Body system - not specific
801	Circulatory system - heart -other than heart attack, blood, arteries, veins, etc.
802	Circulatory system - Heart attack
810	Digestive system - stomach
820	Excretory system - kidneys, bladder, intestines, etc
830	Musculo-skeletal system - bones, joints, tendons, muscles, etc.
840	Nervous system - not specified
841	Nervous system - stress
842	Nervous system - Psychiatric/psych
850	Respiratory system - lungs, trachea, etc.
860	Skin dermatitis, etc.
870	Reproductive systems
880	Other body systems
999	Unclassified - insufficient information to identify body parts

Use this document to complete forms, but do not file this document with your forms.

EJEMPLO

STATE OF CALIFORNIA
DWC DISTRICT OFFICE

DOCUMENT COVER SHEET

Is this a new case? Yes ☐ No ☐ Companion Cases Exist ☐ Walkthrough Yes ☐ No ☐

More than 15 Companion Cases ☐

FECHA DE HOY
Date:(MM/DD/YYYY)

SSN: SU NÚMERO DE SEGURO SOCIAL

☐ Specific Injury

NÚMERO DE CASO EAMS
Case Number 1

☐ Cumulative Injury

FECHA DE LA LESIÓN
(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

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

SI ES UN CASO NUEVO DEJE EN BLANCO

Body Part 1: _____

UTILICE UN CÓDIGO DE LAS LISTA DE CÓDIGOS DE LAS PARTES DEL CUERPO, CONSULTE LA P.8

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____

Please check unit to be filed on (check only one box) MARQUE LA CASILLA DE LA UNIDAD APROPIADA

☐ ADJ ☐ DEU ☐ SIF ☐ UEF ☐ INT ☐ RSU

Companion Cases CASOS COMPAÑEROS

☐ Specific Injury

Case Number 2

☐ Cumulative Injury

(Start Date: MM/DD/YYYY)

(End Date: MM/DD/YYYY)

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

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____

DOCUMENT SEPARATOR SHEET

Product Delivery Unit _____

Document Type _____

Document Title _____

Document Date _____
MM/DD/YYYY

Author _____

Office Use Only

Received Date _____
MM/DD/YYYY

DOCUMENT SEPARATOR SHEET

EJEMPLO

Product Delivery Unit: ADJ

Document Type: LEGAL DOCS

Document Title: PETITION FOR RECONSIDERATION

Document Date: **FECHA EN QUE LLENÓ EL FORMULARIO**
MM/DD/YYYY

Author: SU NOMBRE

Office Use Only

Received Date _____
MM/DD/YYYY

STATE OF CALIFORNIA
Department of Industrial Relations
Division of Workers' Compensation
WORKERS' COMPENSATION APPEALS BOARD

	)	**Case No.**
	)	
	)	
Applicant,	)	
vs.	)	**Petition for Reconsideration**
	)	
	)	
	)	
	)	
Defendants	)	

A decision was filed in the above-entitled case on _____.

The _____ is aggrieved by said decision and hereby petitions for reconsideration upon the following grounds: (strike out items not applicable)

1. By the order, decision or award, the Board acted without or in excess of its powers.
2. The order, decision, or award was procured by fraud.
3. The evidence does not justify the findings of fact.
4. Petitioner has discovered new evidence material to him which he could not with reasonable diligence have discovered and produced at the hearing.
5. The findings of fact do not support the order, decision or award.

In support of the above, petitioner gives the following details, including a statement of facts upon which petitioner relies and a discussion of the law applicable thereto:

WHEREFORE, Petitioner requests that reconsideration be granted; that further proceedings be had; and that decision be made to give petitioner all the benefits to which he is entitled under the Labor Code of the State of California, including the relief requested herein.

_____ _____

Attorney for Petitioner Petitioner

STATE OF CALIFORNIA)
) vs.
County of _____)

I, the undersigned, say that I am _____

_____

in the above-entitled action. I have read the foregoing petition for reconsideration and know the contents thereof, and that the same is true of my own knowledge, except as to the matters which are therein stated upon my information or belief, and as to those matters that I believe it to be true.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20 ____ at _____ California.

_____

Petitioner

NOTE: If verification is by attorney or officer of a corporation it must comply with Section 446 Code of Civil Procedure.)

Copy mailed to:
Date of Mailing:

By: _____

(Signature)

EJEMPLO

STATE OF CALIFORNIA
Department of Industrial Relations
Division of Workers' Compensation
WORKERS' COMPENSATION APPEALS BOARD

SU NOMBRE

Applicant,

vs.

NOMBRE DEL EMPLEADOR Y NOMBRE DE LA COMPAÑÍA DE SEGUROS

Defendants

Case No. NÚMERO DE CASO DE EAMS

Petition for Reconsideration

A decision was filed in the above-entitled case on FECHA EN QUE EL JUEZ DIÓ LA DECISIÓN

The ESCRIBA SU NOMBRE Y LA PALABRA (APPLICANT) is aggrieved by said decision and hereby petitions for reconsideration upon the following grounds: (strike out items not applicable) TACHE LAS RAZONES QUE NO SON APLICABLES

1. By the order, decision or award, the Board acted without or in excess of its powers.
POR ORDEN, DECISIÓN O FALLO LA JUNTA ACTUÓ SIN O EN EXCESO DE SUS FACULTADES
2. The order, decision, or award was procured by fraud.
LA ORDEN. DECISIÓN O FALLO SE PROCURÓ MEDIANTE FRAUDE
3. The evidence does not justify the findings of fact.
LA EVIDENCIA NO JUSTIFICA LAS DETERMINACIONES DE HECHO
4. Petitioner has discovered new evidence material to him which he could not with reasonable diligence have discovered and produced at the hearing.
EL SOLICITANTE HA DESCUBIERTO NUEVA EVIDENCIA SIGNIFICATIVA QUE ÉL NO PODRÍA CON RAZONABLE DILIGENCIA HABER DESCUBIERTO Y PRODUCIDO EN LA AUDIENCIA
5. The findings of fact do not support the order, decision or award.
LAS DETERMINACIONES DE HECHO NO CORROBORAN LA ORDEN. DECISIÓN O FALLO

In support of the above, petitioner gives the following details, including a statement of facts upon which petitioner relies and a discussion of the law applicable thereto:

DECLARE CON DETALLE LA EVIDENCIA QUE TIENE PARA RESPALDAR SU ARGUMENTO DE QUE LA DECISIÓN TOMADA POR EL JUEZ DEBE SER RECONSIDERADA.

WHEREFORE, Petitioner requests that reconsideration be granted; that further proceedings be had; and that decision be made to give petitioner all the benefits to which he is entitled under the Labor Code of the State of California, including the relief requested herein.

SU FIRMA

_____ Attorney for Petitioner

_____ Petitioner

STATE OF CALIFORNIA)
) vs.
County of SU CONDADO)

I, the undersigned, say that I am ESCRIBA SU NOMBRE Y LA PALABRA (APPLICANT)

_____

in the above-entitled action. I have read the foregoing petition for reconsideration and know the contents thereof, and that the same is true of my own knowledge, except as to the matters which are therein stated upon my information or belief, and as to those matters that I believe it to be true.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on FECHA, 20 ____ at CIUDAD California.

SU FIRMA

Petitioner

NOTE: If verification is by attorney or officer of a corporation it must comply with Section 446 Code of Civil Procedure.)

Copy mailed to: NOMBRE Y DIRECCIÓN DE LAS PARTES INVOLUCRADAS EN SU CASO
Date of Mailing: FECHA DE HOY

By: SU FIRMA
(Signature)

DOCUMENT SEPARATOR SHEET

Product Delivery Unit _____

Document Type _____

Document Title _____

Document Date _____
MM/DD/YYYY

Author _____

Office Use Only

Received Date _____
MM/DD/YYYY

DOCUMENT SEPARATOR SHEET

EJEMPLO

Product Delivery Unit: ADJ

Document Type: LEGAL DOCS

Document Title: PROOF OF SERVICE

Document Date: FECHA EN QUE LLENÓ EL FORMULARIO
MM/DD/YYYY

Author: SU NOMBRE

Office Use Only

Received Date
MM/DD/YYYY

PRINT CLEAR

Proof Of Service By Mail

I declare that:

I am (resident of/employed in) the county of _____ California. I am over the age of eighteen years, my (business/residence) address is:

_

_

On _____, I served the attached _____ on the _____ in said case, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully paid, in the United State mail at _____ addressed as follows _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on (date) _____, at _____ California.

Type or print name _____

Signature _____

EJEMPLO

Prueba de Entrega por Correo

Yo declaro que:

Soy (residente de/empleado en) el condado de SU CONDADO California. Tengo

más de dieciocho años de edad y mi dirección de (negocio/residencia) es:

SU DOMICILIO

El FECHA DE HOY, yo entregue el adjunto EL NOMBRE DEL DOCUMENTO QUE ESTÁ ENVIANDO POR CORREO a NOMBRE DE LAS PARTES A QUIENES LES ESTÁ ENVIANDO EL DOCUMENTO, en dicho caso,

poniendo una copia verdadera del mismo adjunto, en un sobre sellado con el franqueo

completamente pagado, en el correo de los Estados Unidos en CIUDAD DESDE DONDE ESTÁ ENVIANDO EL DOCUMENTO con la siguiente dirección

NOMBRE Y DIRECCIÓN DE LA PARTES A QUIENES LES ESTÁ ENVIANDO EL DOCUMENTO

Yo declaro bajo pena de perjurio bajo las leyes del Estado de California que lo siguiente es

verdadero y correcto y que esta declaración fue ejecutada en

(fecha) FECHA DE HOY en CIUDAD California.

Escriba su nombre ESCRIBA SU NOMBRE CON LETRA DE MOLDE

Firma SU FIRMA