

1 **STRAUSSNER SHERMAN VAN NUYS**
2 **LISA CARBAJAL, ADMINISTRATOR**
3 **818-788-1700 EXT 232**
4 **LCARBAJAL@IODLAWYERS.COM**

5 **ALEJANDRO VARGAS VS. OD LEGAL ADJ20067674**

6 **PROOF OF SERVICE**
7 **STATE OF CALIFORNIA, COUNTY OF LOS ANGELES**

8 I declare under penalty of perjury as follows: I am employed in the County of Los Angeles, State
9 of California. I am over the age of 18 and not a party to the within action. My business address is:
10 Straussner Sherman Lonne Treger Helquist Krupnik, 14555 Sylvan St, Van Nuys CA, 91411.

11 On **November 5, 2024**, I served the foregoing document(s) described as: **FE SIGNED**
12 **RELEASES WITH SIBTF APPLICATION** on the following interested parties as follows:

13 OD LEGAL
14 355 S. Grand Ave., Suite 1800
15 Los Angeles, CA 90071

16 Subsequent Injuries Fund Division of WC
17 1750 Howe Avenue., Suite 370
18 Sacramento, CA 95825

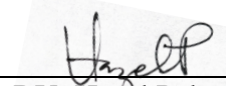
19 [X] **VIA US MAIL** By placing a true and correct copy of the foregoing document(s) in an envelope
20 addressed to each person identified in the service list for mailing. I am "readily familiar" with the firm's
21 practice of collection and processing correspondence for mailing. Under that practice it would be
22 deposited with the U.S. Postal Service on that same day with postage thereon fully prepaid at Van Nuys,
23 California in the ordinary course of business.

24 [] **VIA ELECTRONIC SERVICE ON WCAB** Batch ID of this filing is attached.

25 [X] **VIA ELECTRONIC SERVICE** By transmitting a true and correct copy via electronic service
26 to the electronic notification address written under the named party, above.

27 [] **VIA FAX SERVICE** By transmitting a true and correct copy via facsimile service.

28 I declare under penalty of perjury under the laws of the State of California that the foregoing is
true and correct and that the same was executed by me at Van Nuys on **November 5, 2024**.

29 
BY: Hazel Pelayo
service@iodlawyers.com



Consent for Release of Information

You must complete all required fields. We will not honor your request unless all required fields are completed. (*Signifies a required field. **These are not mandatory fields for the consent form to be acceptable. Please complete these fields in case we need to contact you about the consent form).

TO: Social Security Administration

Alejandro Vargas, Jr.	02/05/1966	464-55-6745
*Full Name	*Date of Birth (MM/DD/YYYY)	*Full Social Security Number

I authorize the Social Security Administration to release information or records about me to:

*NAME OF PERSON OR ORGANIZATION:	*ADDRESS OF PERSON OR ORGANIZATION:
State of California Subsequent Injury	1750 Howe Ave, STE 370
Benefits Trust Fund (SIBTF)	Sacramento, CA 95825

*I want this information released because:
We may charge a fee to release information for non-program purposes.

*Please release the following information selected from the list below:
Check at least one box. If requesting medical records, do not check both boxes 7 and 8. We will not disclose records unless you include specific date ranges where applicable.

1. ☐ Verification of Social Security Number

2. ☐ Current monthly Social Security benefit amount

3. ☐ Current monthly Supplemental Security Income payment amount

4. ☒ Social Security benefit amounts from date SSD Start to date Present

5. ☐ Supplemental Security Income payment amounts from date _____ to date _____

6. ☐ Medicare entitlement from date _____ to date _____

7. ☐ Medical records from date _____ to date _____

8. ☐ Complete medical records

9. ☐ Other Social Security record(s) (We will not honor a request for "any and all records" or "the entire file." You must specify which records you are seeking. For example, award/denial notices, benefit applications, appeals)
My eligibility for the Subsequent Injury Benefits Trust Fund

THIS REQUEST IS FOR DISABILITY INFORMATION ONLY

I am the individual, to whom the requested information or record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury (28 CFR § 1746) that I have examined all the information on this form and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeks or obtains access to records about another person under false pretenses is punishable by a fine of up to \$5,000.

*Signature: <u>ALEJANDRO VARGAS JR</u> <small>ALEJANDRO VARGAS JR (Oct 17, 2024 13:53 CDT)</small>	*Date: <u>Oct 17, 2024</u>
**Address: <u>5804 Babcock Rd. #122, San Antonio, TX 78240</u>	**Daytime Phone: _____
**Relationship (if not the subject of the record): _____	**Daytime Phone: _____

Witnesses must sign this form ONLY if the above signature is by mark (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

1. Signature of witness	2. Signature of witness
Address (Number and street, City, State, and ZIP Code)	Address (Number and street, City, State, and ZIP Code)






Alejandro Vargas Jr SIBTF Application & Releases

Final Audit Report

2024-10-17

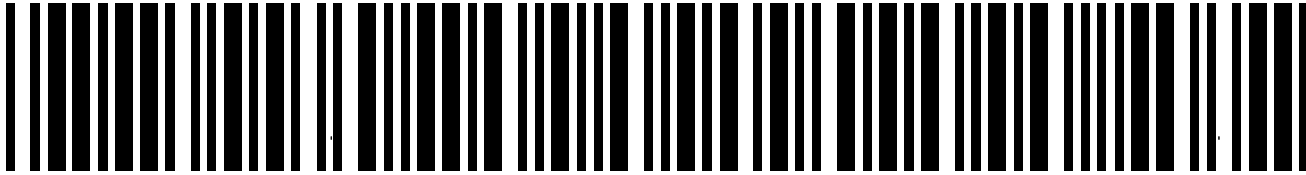
Created:	2024-10-17
By:	Josh Roberts (jroberts@iodlawyers.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAEk4pTjl5sH7TmeFXWVOmC6z-HQ9gLvm

"Alejandro Vargas Jr SIBTF Application & Releases" History

-  Document created by Josh Roberts (jroberts@iodlawyers.com)
2024-10-17 - 6:21:49 PM GMT
-  Document emailed to ALEJANDRO VARGAS JR (lapd31083@gmail.com) for signature
2024-10-17 - 6:22:39 PM GMT
-  Email viewed by ALEJANDRO VARGAS JR (lapd31083@gmail.com)
2024-10-17 - 6:51:55 PM GMT
-  Document e-signed by ALEJANDRO VARGAS JR (lapd31083@gmail.com)
Signature Date: 2024-10-17 - 6:53:13 PM GMT - Time Source: server
-  Agreement completed.
2024-10-17 - 6:53:13 PM GMT

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 ☐

11/05/2024
Date:(MM/DD/YYYY)

SSN: 464-55-6745

ADJ20067674
Case Number 1

☐ Specific Injury

☒ Cumulative Injury

08/08/1994
(Start Date: MM/DD/YYYY)

06/30/2021
(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 ☐ SAU ☐ INT ☐ RSU

Companion Cases

☐ 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: _____

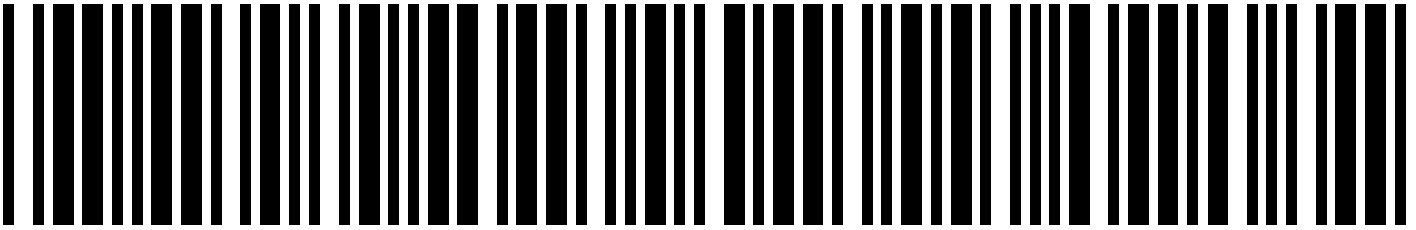
Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____

DOCUMENT SEPARATOR SHEET



Product Delivery Unit ADJ

Document Type LEGAL DOCS

Document Title APPLICATION FOR SUBSEQUENT INJURIES FUND BENEFITS

Document Date 11/05/2024
MM/DD/YYYY

Author STRAUSSNER SHERMAN VAN NUYS

Office Use Only

Received Date _____
MM/DD/YYYY



STATE OF CALIFORNIA
DIVISION OF WORKERS' COMPENSATION
WORKERS' COMPENSATION APPEALS BOARD

APPLICATION FOR SUBSEQUENT INJURIES FUND BENEFITS

ADJ20067674

Case Number 1

Case Number 4

Case Number 2

Case Number 5

Case Number 3

Injured Worker

ALEJANDRO

First Name

MI

VARGAS

Last Name

VS

CITY OF LOS ANGELES

Employer Name

PERMISSIBLY SELF INSURED

Insurance Carrier Name

INTERCARE

Third Party Administrator

APPLICATION FOR SUBSEQUENT INJURIES FUND BENEFITS

1. Applicant ALEJANDRO VARGAS, born on 02/05/1966
MM/DD/YYYY

was injured on 06/30/2021, as a POLICE OFFICER at
MM/DD/YYYY

LOS ANGELES California, with earnings of \$ MAX per WEEK

Applicant sustained injury arising out of and occurring in the course of his/her employment resulting in permanent and partial disability affecting the following parts of the body:

INGUINAL HERNIA, MASTICATION, TINNITUS,
CERVICAL SPINE, LUMBAR SPINE, GERD, HIATAL HERNIA, HEADACHES, UMBILICAL HERNIA,

The permanent disability, when considered alone and without regard to or adjustment for the applicant's occupation or

age is equal to 100 percent or more of total disability.

2. Immediately prior to the injury, applicant was permanently disabled in the following respects
PULMONARY ARTERY, OBSTRUCTIVE SLEEP APNEA, DEVIATED SEPTUM,
KNEES, ANKLES, HANDS/WRISTS, RIBS, SHOULDERS, SKIN/SHINGLES, SEPTUM, SINUS/ALLERGIES,
The pre-existing disabilities occurred as a result of:

WORK RELATED INJURIES, PREEXISTING LABOR DISABLING NON-INDUSTRIAL INJURIES/CONDITIONS

3. Applicant has previously filed a workers' compensation claim with the Workers' Compensation Appeals Board

Case Number CLAIM NO. 4045790, ADJ13469671

4. Applicant filed for Social Security Disability benefits on DID NOT APPLY

and is receiving \$ 0.00 per month. Applicant's Social Security Number is 464-55-6745

WHEREFORE, applicant requests benefits as provided by law

Attorney for Applicant Signature *Josh Roberts*

Applicant Signature ALEJANDRO VARGAS JR
ALEJANDRO VARGAS JR (Oct 17, 2024 13:53 CDT)

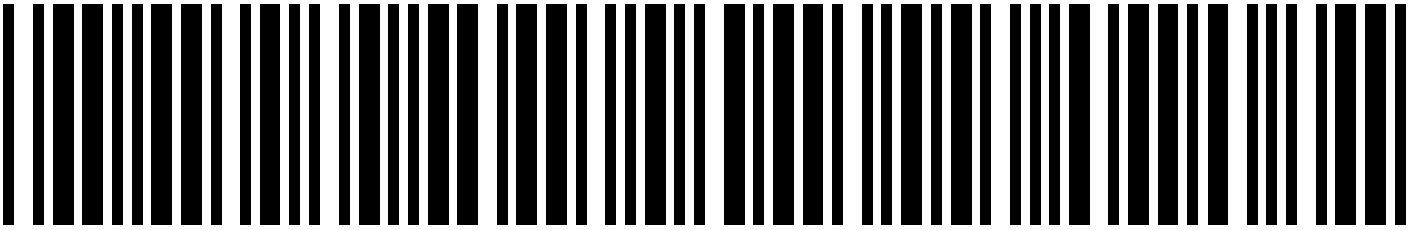
5804 BABCOCK RD 122
Street Address/PO Box (Please leave blank spaces between numbers, names or words)

SAN ANTONIO
City

TX
State

78240
Zip Code

DOCUMENT SEPARATOR SHEET



Product Delivery Unit ADJ

Document Type LEGAL DOCS

Document Title PROOF OF SERVICE

Document Date 11/05/2024
MM/DD/YYYY

Author STRAUSSNER SHERMAN VAN NUYS

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14 355 S. Grand Ave., Suite 1800
15 Los Angeles, CA 90071

Workers' Compensation Appeals Board
6150 Van Nuys Blvd., Room 110
Van Nuys, CA 91401

16 Subsequent Injuries Fund Division of WC
17 1750 Howe Avenue., Suite 370
18 Sacramento, CA 95825

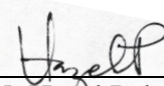
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