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Inside This Issue

We must be politically astute if we are to preserve clients' rights

By: Kyle Tambornini, CCTLA President

Fall is just around the corner, and with it comes a fresh round of political fundraising for the 2010 elections. While every election is important, during the last seven years we have seen how the governor and the legislators can have a drastic affect upon our clients and therefore, upon our practices.

In 2004, the governor, with a starstruck legislative branch, passed sweeping Workers Compensation reforms that continue to affect injured workers and the attorneys who represent them. Throughout the governor's term, he has attempted to pass various legislation that would have affected our clients. Thankfully, our representatives at CAOC stopped these proposals from getting out of their respective committees. Many of these bills were repeated attempts to place caps on punitive damages or general damages.

"Throughout the governor's term, he has attempted to pass various legislation that would have affected our clients...Many of these bills were repeated attempts to place caps on punitive damages or general damages."

If we are going to continue to prevent these attacks, we need to work together and support candidates who believe in and understand the legal system—candidates like Roger Dickinson running for the Assembly and Dave Jones running for insurance commissioner. These are just a couple of individuals who have shown a commitment to keeping the courts open and to protecting the rights of consumers.

This year, many of us already have contributed substantial money and time to political campaigns and organization and likely will continue to do so this fall. Having attended fundraisers with many of the same faces, I ask that each of our members consider giving at least $100 to CAOC (whether you are a member or not) for use in the upcoming elections and to attend at least one fundraising event.

If you donate to CAOC, you can designate a particular candidate you would like to receive the money, and CAOC will make sure the candidate knows you contributed

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Allan's CORNER

By: Allan J. Owen

Here are some recent cases I found while wishing I was basking in the sun in Kailua Kona. These come from the D*aily Journal.* Please remember that some of these cases are summarized before the official reports are published and may be reconsidered or de-certified for publication, so be sure to check and find official citations before using them as authority. I apologize for missing some of the full *Daily Journal* cites.

Product Liability. In Walton v. William Powell Co., 2010 DJDAR 5987, Plaintiffs sued for negligence and strict liability regarding asbestos. Jury returned verdict over $5 million. Appellate court reversed finding that injury stemmed entirely from exposure to asbestos-laden products for which Powell was not responsible. The appellate court found that Defendant supplied none of the asbestos products to which Plaintiff was exposed and that Defendant's products had no defect.

Relief from Default. In Gutierrez v. G&M Oil Company, 2010 DJDAR 6784, the Fourth District holds that the mandatory relief provisions of 473 for attorney fault apply to in-house counsel.

Res Judicata. In Voeken v. Philip Morris USA, Inc., 2010 DJDAR 6891, Plaintiff's husband was a cigarette smoker diagnosed with lung cancer. She filed a loss of consortium action against the cigarette manufacturer, which was dismissed with prejudice (the record does not indicate the reason for the dismissal). After the husband died, she filed a wrongful death action. Trial court sustained demurrer without leave to amend; court of appeal affirmed and now the Supreme Court also affirms. All three courts conclude that a loss of consortium claim includes future loss of consortium based on the life expectancy of a husband before the injury. While this is a smoking case, it would apply to all serious injury cases, and therefore, care needs to be taken in deciding whether to file a loss of consortium claim or wait and bring a later wrongful death claim. Decision was 4-3.

Statute of Limitations. In S.M., a minor, v. Los Angeles Unified School District, 2010 DJDAR 6912, Plaintiff sued the school district after being fondled by her teacher in fourth grade. Fondling occurred during the 2002-2003 school year. She testified at deposition that she knew what the teacher was doing was wrong at the time of the act, and therefore, school district contended that cause of action arose June 30, 2003 when the school year ended and she had to file a tort claim within six months from that date. It was not filed until 2005. Plaintiffs argued that the cause of action didn't arise until mother knew what had happened, which was in October, 2004. Court of Appeal agrees with trial court and summary judgment affirmed.

Government Tort Liability - Duty. In Camp v. State of California, 2010 DJDAR 7222, the court holds that a police officer's failure to respond to a request for assistance does not result in tort liability even if a member of the public is hurt (nonfeasance). If the police do respond and their affirmative acts negligently cause harm to a person, this misfeasance can cause a special relationship and result in tort liability.

Government Tort Claims. In Barragan v. County of Los Angeles, the Second Appellate District holds that an injured party who does not seek counsel within six months due to disability is entitled to have her petition for leave to file late claim accepted. In other words, failure to contact an attorney during the six months is no longer a complete bar if the injured party can prove that the failure to contact

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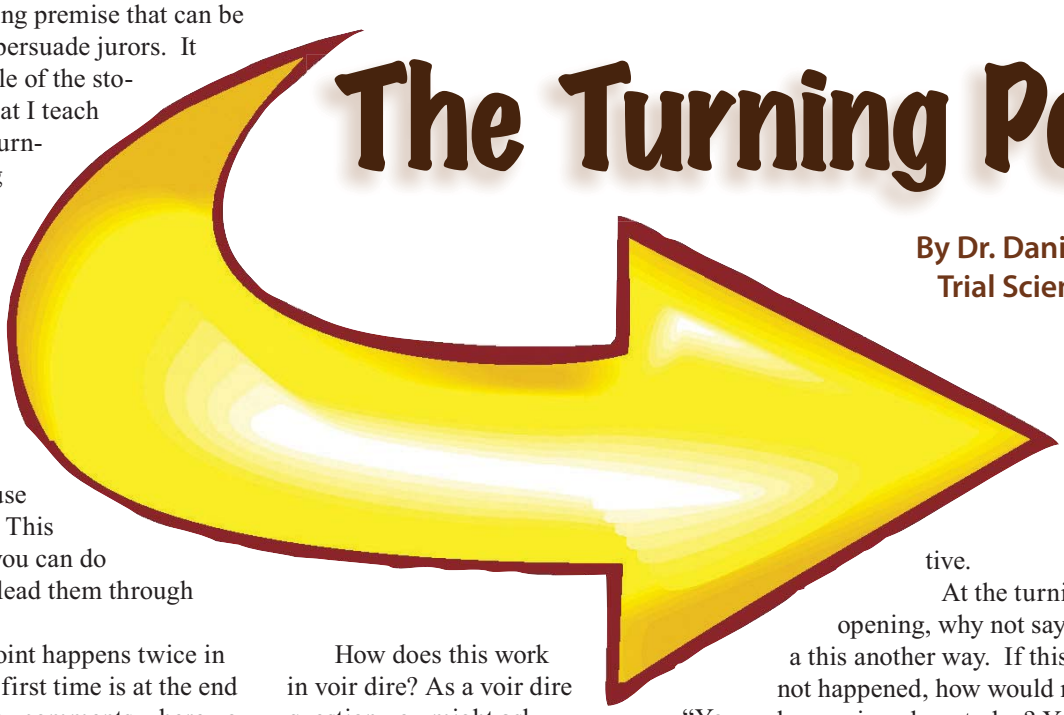
The Turning Point

By Dr. Daniel Dugan
Trial Science, Inc.



Even when I'm at the movies, I'm thinking about ways for you to win trials. For instance, the movie "Sliding Doors" has a very interesting premise that can be used to select and persuade jurors. It is a graphic example of the storytelling feature that I teach about called The Turning Point. "Sliding Doors" (which you should see) shows how a woman's life would have turned out if: 1) she had made it onto her subway train, and 2) if she missed the subway train because the doors slid shut. This is similar to what you can do with jurors as you lead them through your case.

The turning point happens twice in your opening. The first time is at the end of your introductory comments where you tell the jury how the world ought to be or will be once they have fixed it with their verdict. The second time is at the end of the section in which you lay out your entire case, almost as a reminder of what the jury is supposed to do with all the facts. Without the turning point, all the jurors have is a set of facts, some request from you for a solution (that they initially see as somewhat self-serving), and their own life experiences to guide them. Let me emphasize the scary part—*their own life experiences to guide them*. Why scary? Because you can control the facts presented, and you can control your own request, but you cannot control their life experiences.

Effective management of the turning point, however, can get you past the scary part. Psychological research strongly suggests that "counterfactual thinking" adds meaning and depth to a person's experience of a situation. Counterfactual thinking is a technique where you ask a person to describe the opposite of the situation they are now in. For instance, instead of asking, "How did you meet your closest friend?" (which usually elicits a factual response), researchers asked, "What would your life be like if you had not met your closest friend?" This question elicits rich responses, revealing motivation, emotion, and a glimpse at a person's view of fate or destiny.

How does this work in voir dire? As a voir dire question you might ask, "You are here for jury duty today for a case that is supposed to last about two weeks, but what I'd like to know is what would your life be like if you don't get selected to be on this jury?" You might get some interesting responses about being relieved, about being curious as to the facts of the case they will miss out on, about rejection, about lost opportunity, about fate. Instead of just facts, you will hear responses that give insight into motivation and emotion. You just might unearth that *ONE* juror who wants to get on the jury because of their own agenda, like tort reform or out of control verdicts, or "those damn insurance companies."

How does this work in my opening or closing? When "the why" behind a plaintiff's or defendant's actions are not made clear to the jury, then jurors fill in that void with their own (scary) ideas. By creating a counterfactual thinking moment in your presentation, however, you can guide jurors to think more like your client.

In a typical plaintiff presentation, the attorney describes the incident that created the need for the trial and the damages the plaintiff suffered. Jurors will either be able to relate to this or not. But, if you create a counterfactual moment for them, they won't need their own experience to guide them—they'll be able to see the situation more from your client's perspective.

At the turning point in the opening, why not say, "Let's look a this another way. If this accident had not happened, how would my client's life be moving along today? You will hear from Witness X that Bill's life would be . . ." This just established your two story lines—one as a result of being in the incident and one that would be cooking along without it. The gap will appear huge and graphic. Now the jury can see *WHY* your client needs their help. Now the jury can see that their verdict will bring the two story lines back together, regardless of whether it is a life they would choose for themselves or not. It is no longer "Does Bill deserve the money?" or "What will Bill do with the money?" or "If we give Bill too much, he'll blow the money." Now the mindset is, "Oh, I get it. It seems pretty clear that $X will get Bill's life back on that track that it was on."

Let me now ask you, "What will your next verdict be if jurors cannot see the case your way?"

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Author Dr. Daniel Dugan of Trial Science, Inc., has been a trial consultant for the last 15 years, working on cases all over the country. Trial Science uses state-of-the-art techniques to examine the effect of case facts and trial strategies on lay jurors and assists attorneys in preparing for trial through focus groups, mock trials, jury selection and preparation of opening statements, along with electronic courtroom technology for added visual impact.

CCTLA members delivered a check for $16,500 to the Sacramento Food Bank & Family Services in late August, funds that were raised at CCTLA's Spring Fling. Each year, proceeds from the annual event, raised through an auction and donations, are designated for the food bank. Holding the check is Dorothee Mull, of Sacramento Food Bank & Family Services. Also pictured, from left: Kerrie Webb, Allan Owen, Margaret Doyle, CCTLA President Kyle Tambornini and SFB&FS President Blake Young,

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Did you miss the Medical Liens Seminar held Aug. 20?
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Public Justice Brief Fights Preemption Claim in Vehicle Crash Case before Supreme Court

Reprinted from www.publicjustice.net — Article dated Aug. 10, 2010

Fighting for access to justice, Public Justice has filed an amicus brief in Williamson v. Mazda Motor of America, Inc., a U.S. Supreme Court case involving federal preemption of claims that a minivan was defective because its aisle seat lacked a lap/shoulder harness.

The United States government also filed an amicus brief in Williamson in support of the petitioners, arguing, like Public Justice, that the lower courts have misread Geier v. American Honda Motor Co.—a similar case decided in 2000—and that the plaintiffs should be permitted to have their day in court.

Williamson seeks to hold Mazda accountable for the death of Thanh Williamson, killed in a head-on collision when her body "jackknifed" around a lap-only seatbelt installed in the aisle seat of her family's 1993 Mazda minivan. Athough the vehicle's other occupants had lap/shoulder seatbelts and survived the crash, there was no lap/shoulder harness installed for Thanh's seat.

Thanh's parents filed a lawsuit in California state court against Mazda on state tort claims, including products liability and negligence. Their complaint alleged, in part, that Thanh's seat should have been equipped with a lap/shoulder belt to restrain her upper torso in a frontal collision.

Although lap/shoulder belts are universally understood to provide greater safety to car occupants, Mazda argued that the plaintiffs' claims are preempted by a Federal Motor Vehicle Safety Standard that gave Mazda the choice of installing either lap-only or lap/shoulder seatbelts in the rear-center seats of cars and in the aisle seats of minivans.

Both the trial court and the California Court of Appeals agreed, holding that, under a broad reading of Geier, Standard 208—the federal standard in question—"preempts common law actions alleging [that] a manufacturer chose the wrong seat belt option...." In Geier, the U.S. Supreme Court held that a 1984 version of Standard 208 preempted a claim that a car maker should be held liable for failing to install an airbag.

The Public Justice brief urges the nation's highest court to reexamine its ruling in Geier, which has been misapplied by courts across the country, allowing federal preemption in a host of areas that Congress never intended.

The brief maintains that, to resolve the massive confusion caused by Geier, the Court should limit preemption to circumstances where Congress has explicitly said state law should be preempted, or where the state law claim would directly contradict a specific federal law mandate. In that way, the doctrine of preemption would be anchored to the U.S. Constitution and would preserve the important role that the tort system plays in promoting public safety and compensating victims.

Public Justice Budd-Kazan Fellow Matt Wessler, Senior Attorney Leslie Brueckner and Executive Director Arthur Bryant authored the brief.

Fourth Circuit Court of Appeals reaffirms value of contingency fees in providing access to justice

Reprinted from www.publicjustice.net

In a May 18 ruling, a federal appeals court issued a ringing endorsement of the value of contingency fees in preserving access to justice.

The case is in re: Abrams & Abrams, which challenged a district court judge's refusal to honor a contingency fee agreement between the parties to a personal injury lawsuit. The Court wrote that contingency fees "provide access to counsel for individuals who would otherwise have difficulty obtaining representation."

Contingency fees "are an acknowledged feature of our legal landscape, approved by our legislative and judicial bodies alike, that help secure for the impecunious access both to counsel and to the court," the Court observed. Public Justice had filed an amici brief in the case urging the Court to rule as it did.

"Our concern had been that the notoriously conservative Fourth Circuit might use this case as an occasion to unleash a full-scale assault on the contingency fee system in its entirety," said Public Justice Senior Attorney Leslie Brueckner, who assisted with the brief. "Instead, the Court ruled as we urged and, in so doing, powerfully reaffirmed the vital importance of contingency fees in ensuring access to justice."

This case arose out of an auto accident in a parking lot in North Carolina on New Year's Eve, 2005. Mark Pellegrin was struck by a drunk driver and so severely injured that he will be incompetent for the rest of his life. The car was leased by the driver's employer and insured by National

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Contingency fees

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Union, which denied coverage on the ground that the driver was drunk, and refused to defend.

Suit was brought against the driver in North Carolina state court by Mark's father as guardian ad litem, and an uncontested bench trial resulted in a $75-million verdict.

Pellegrin then filed suit against National Union, alleging that the insurer was liable under its automobile liability policy and its umbrella policy for up to $21 million. National Union removed to federal court on the basis of diversity jurisdiction. In mediation, the parties agreed to a settlement of $18 million. The settlement was then submitted to District Judge Terrence Boyle for approval.

Judge Boyle approved the settlement only after slashing the fee from the 33-1/3% provided in the contingency fee agreement to a mere 3%. He did this despite the fact that the plaintiff in the case actively supported his attorney's right to the fee, both as a point of personal honor and in recognition of the manner in which his son's lawyers provided for the lifetime needs of their severely disabled client.

Despite the client's enthusiastic endorsement of the fee and the substantial risk of the attorneys recovering nothing for their work, the district judge opined that the fee was unreasonably large and reduced it from $6 million to $600,000.

In reversing this decision as an abuse of the court's discretion, the United States Court of Appeals for the Fourth Circuit repeatedly emphasized the vital importance of the contingency fee in ensuring that victims are able to seek compensation for their injuries. The Court reasoned that, although many claimants cannot afford to retain counsel at fixed hourly rates, they may be willing to pay a portion of any recovery they may receive in return for successful representation.

The Court further noted that, because "contingency fee arrangements transfer a significant portion of the risk of loss to the attorneys taking a case," "[a]ccess to the courts would be difficult to achieve without compensating attorneys for that risk."

The Court reasoned that, although many claimants cannot afford to retain counsel at fixed hourly rates, they may be willing to pay a portion of any recovery they may receive in return for successful representation.

Upon remand, the Fourth Circuit ruled the district court's discretion must be guided by "a recognition of the important role played by contingency fees in this type of litigation."

The amici brief was authored by Jeffrey White of the Center for Constitutional Litigation, with Brueckner's input and assistance.

"Pillah" Talk©

with California Assemblyman Dave Jones, Democratic candidate for California Insurance Commissioner

An ongoing series of interview with pillars in the legal community
By: Joe Marman

DAVE JONES

Q. What important challenges do you foresee for the California Assembly in 2010?

A. #1, California has a $19-billion deficit. The governor just wants to cut spending in all programs. The Democrats want to cut the budget with balanced cuts in spending with revenue increases.

#2. I have sponsored Assembly bill AB 2758, which would put California health insurance rates under the same sort of strict regulation that California has now for auto insurance. It will allow the insurance commissioner to reject health care premium price increases.

#3 For 2010, there will be major challenges for California to implement the National Health Care program passed by the Obama Administration.

Q. I see on the TV news that the state is losing money by the hundreds of dollars per minute by failing to pass the budget, is that accurate?

A. It is very misleading. The ad proponents attempt to say that the state is borrowing money to pay for state programs. However, this is just not true. The money is actually not being borrowed but once the budget is passed, the budget will fill in the gaps where the money was not placed during the budget stalemate. There is no new debt being created.

Q. What issues do you foresee in the upcoming years for the Insurance Commissioner's office?

A. The insurance commissioner will have to be concerned with excessive health care cost increases. The commissioner will have to protect the consumers from abusive insurance behavior. The insurance companies must be forced to fulfill their promises made in their insurance contracts.

Q. Do you have any ideas on how to stop the financial misdealings with the big banking institution at the federal level?

A. By supporting Democratic legislation from Washington to enforce the new stronger regulations of the financial services from the abuses of the financial giants like Goldman Sachs. The President should appoint Elizabeth Warren to supervise the policing of the financial institutions in whatever Consumer Financial Protection Agency is created. She is an extraordinarily talented lawyer with the consumers' interests at heart.

Q. What, in your opinion, caused the current national financial mess?

A. Corporate greed and the Republican de-regulation of the financial institutions. The big investment banking institutions created very risky investment programs to sell to others and did not disclose the risks involved. They made huge commissions by failing to disclose the risk of the investments they sold.

Q. Are you aware of the issues of health care insurance subrogation in personal injury cases, where the battle continues on how much insurance companies may ask for in reimbursement and in seeking to exclude evidence of health care benefits paid by health care insurance plans for insured plaintiffs under the Hanif and Nishihama line of cases, and the new Howell v. Hamilton Meats and the new Yanez cases going to the California Supreme court?

A. Yes, I hope the upper level courts will make the right decision to protect consumer rights.

Q. What have been some of your proudest professional achievements so far?

A. I am proud to have worked for Legal Aid as a young lawyer. I helped low income families to obtain low income housing. I also worked to help cities to adopt affordable housing ordinances.

While I was on the Sacramento City Council, I was proud to help reinvest in poor communities around Sacramento. In the Assembly, I am proud to have worked on good health care reform, conservatorship reform and insurance reform.

Q. Do you recall any brilliant moves by any political figures?

A. I think that Sen. Darrell Steinberg pulled an extraordinary coup with Proposition 63 in about 2006, when he was able to use a ballot initiative to create a dedicated revenue stream for mental health care. It was a major accomplishment to establish the dedicated fund.

Continued on next page

Pillah Talk . . . with Dave Jones

Continued from previous page

Q. Why did you go into politics?

A. I saw the opportunity to help people and to make a difference in the community and the state. It was very satisfying to work as a legal aid attorney.

Q. Do you have any opinion on the new US Supreme Court decisions of Citizens United v the FCC to allow unlimited campaign funding for elections.

A. I think it was a terrible decision. Corporations should not be treated liked citizens. These decisions lead to all sorts of mischief. The ability of corporations to influence elections will be much greater than ordinary citizens and the citizens voices will be drowned out. Chief Justice Roberts is not calling "balls and strikes" like he promised.

Q. How should California approach the energy issues of today?

A. California should decrease its reliance on fossil fuels. Fossil fuel dependence creates a counter-productive national foreign and defense policy and it costs lives, and is not environmentally sound.

California has been a leader in asking utilities to decrease fossil fuel consumption and to increase their use of alternative sources of clean energy.

Q. Do you have an opinion on how politics should change?

A. We should get monetary influence out of political campaigns. Candidates spend too much time raising money. There should be public funding of campaigns and it would eliminate a lot of corporate money influence in the political process.

Meg Whitman is an example of a wealthy individual buying a public office with personal wealth.

I trust the voters will see through that as they have done in the past and reject her. She would be terrible for California. She has no understanding or sympathy for the issues of ordinary citizens, and she would be terrible for the civil justice system.

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Collaboration works. Join fellow CCTLA members at our Q&A Luncheons. Bring a question and your own experience to share with others and enjoy really good Mexican food, cooked to order. No reservations needed. No advance blind food selection. No MCLE. No handouts. No cancellation fee. No late arrival penalties.. We meet the second Tuesday at noon at Vallejo's Restaurant, 1900 4th Street.

New Pre-Trial Deadlines for Sacramento Courts

Presiding Judge Steve White has issued a Pre-Trial Meet and Confer and Exchange Order for all civil trials. In particular, the order provides:

I. At least seven days prior to trial, the parties shall:

1. Meet and confer and exchange motions in limine ("MIL"), identify the motions that are contested.
2. Meet and confer to identify any jury instructions the parties can agree upon and those the parties cannot agree upon.
3. Meet and confer to identify those exhibits that may be admitted without objection and exhibits as to which admissibility is contested.
4. Meet and confer and prepare a joint witness list.
5. Meet and confer to agree on a statement of the case

II. The following MILs shall be deemed filed, served and granted unless good cause is otherwise shown by counsel's declaration and request for hearing:

(1) Motion to exclude all non-party witnesses until called to testify;
(2) Motion to exclude all reference to settlement negotiations, mediation, and materials related thereto that are privileged;
(3) Motions to exclude all reference to insurance, or the fact that an attorney is employed by, or has been compensated by, an insurance company;
(4) Motions to exclude all evidence of, or reference to, other claims or actions against any party to the litigation; and
(5) Motions to exclude all reference to the financial position or wealth, or lack therefore, of any parties to the litigation.

Prior to the first day of trial, the parties shall prepare binders containing copies of the agreed exhibits for use by the trial judge, clerk and counsel during trial.

III. On the first day of trial the parties shall:

1. File MILs, oppositions, if any, and a list of disputed motions.
2. Submit to the assigned trial judge in electronic (word) form:
   (1) A fully completed set of agreed upon jury instructions; and
   (2) All jury instructions that the parties cannot agree upon.

   If special jury instructions are offered, counsel shall provide case or statutory authority for the offered instruction following the text of the instruction.
3. Submit to the court an alphabetized joint witness list.
4. Submit a trial brief.
5. The parties shall submit the joint statement to the assigned judge on the first day of trial. If the parties cannot agree on a joint statement, each party shall submit its proposed statement to the trial judge.

Nothing in the order shall prevent any trial judge to whom a case is assigned from adopting such supplemental, additional, or different pretrial orders as may appear necessary or appropriate.

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W(h)ither Hanif?

By Stephen Davids

As we wait for the Supreme Court to decide Howell v. Hamilton Meats (2009) 179 Cal.App.4th 686, there are both sunny skies and possible storm clouds ahead. Scott Sumner and Chris Dolan, in a recent *Forum* article, provided the optimism to counteract my own inbred pessimism.

In their article "Parnell is the Law," they argue persuasively that the review granted in Howell is no cause for concern because the Howell court "did not create 'new' law," and instead followed the Cal Supremes in Parnell v. Adventist Health Systems/West (2005) 35 Cal.4th 595.

According to Sumner and Dolan, Parnell "determine[ed] that the so-called "discounts" or "write-offs" negotiated between health-care insurers and contracting medical providers constitute a collateral source benefit for health plan members who choose contracting providers by extinguishing the members' medical debt." The authors do not include a citation to Parnell in support of this conclusion.

There are two potential problems with this argument, as I see it. First, Parnell did *not* address the collateral source rule, and in fact, specifically left that issue for another day. In its infamous footnote 16, the Parnell court emphasized that its "holding relies solely on the absence of a debt underlying the lien." (Parnell, 35 Cal.4th at 611.) Parnell's reasoning was that the insurer's contractual payment to the hospital extinguished the patient's debt to the hospital for any "balance bill," meaning there was no existing obligation on which a Hospital Lien Act claim could be based. Parnell warned that it "express[ed] no opinion" as to whether Hanif "applied outside the Medicaid context [to] limit a patient's tort recovery for medical expenses to the amount actually paid by the patient notwithstanding the collateral source rule." (*Ibid.*) (California's Medi-Cal, of course, is a partially federally funded Medicaid program.) That is the one and only reference to the collateral source rule in the Parnell opinion.

Second, Parnell assumed that the hospital's lien was for its "usual and customary rates." As we shall see, modern hospital economics and accounting call into question the true definition of "usual and customary rates." Sumner and Dolan state that under Parnell and the cases it cited, "a medical provider and the patient have a creditor-debtor relationship for the provider's usual rates," citing Parnell at p. 606. A careful reading of the Parnell opinion reveals no such holding on p. 606. That section of the Parnell opinion looked to another type of lien in order to bolster the conclusion that a HLA claim must be founded upon an existing debt by the patient.

There was no reference to "the provider's usual rates" in that specific discussion. City & Co. of San Francisco v. Sweet (1995) 12 Cal.4th 105 involved a lien under Government Code section 23004.1 running in favor of counties that have paid medical expenses of an injured plaintiff. That case held that because of the debtor-creditor relationship between the plaintiff and the county, created by the statute, the "common fund" doctrine *did not apply.*

The "usual and customary rates" language comes from the HLA itself, and applies to medical providers who are paid on a capitated basis. They are entitled, under the HLA, to recover 80% of the "usual and customary charge." (Civ. Code section 3040(a)(2).) Significantly, providers *not* paid on a capitated basis may only recover "the amount actually paid for the services." (*Id.*, at (a)(1).)

The gathering storm clouds surround the issue of just what qualifies as "usual and customary charges" that Parnell seemed to think were self-evident. (In Parnell, the hospital's bill stated its "usual and customary charge" and then showed that the balance was being written off following insurance payment. See Parnell, 35 Cal.4th at 609.)

In the recent case of Hale v. Sharp Healthcare (2010) 183 Cal.App.4th 1373, the same division of the Fourth Appellate District that decided Howell allowed a plaintiff to proceed with a claim against a hospital for "deceptively and unfairly charg[ing the patient] and other uninsured patients fees for medical services that substantially exceeded the fees it accepted from patients covered by Medicare or private insurance." (*Id.*, at p. 1377.)

The Court reversed a sustaining of a demurrer without leave to amend as to causes of action under the Unfair Competition Law (Bus. & Prof. Code section 17200) and the Consumers Legal Remedies Act (Civ. Code section 1750). The Plaintiff alleged that hospitals, including the defendant hospital, "maintain documents called Chargemasters, which are spreadsheets that list the gross charge for each product and service provided by the hospital." (*Id.*, at p. 1378.)

However, "these gross charges rarely, if ever, bear any relation to the hospital's

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costs for providing treatment and differ from the actual, loser charges assessed against the overwhelming majority of patients who participate in Medicate or private insurance programs." (*Ibid.*) Therefore, "the Chargemaster rates often form the starting point for negotiations with insurance companies and managed care organizations to determine reasonable (and lower) reimbursement rates, or for determining Medicare outlier payments to hospitals." (*Ibid.*)

In reversing demurrers sustained without leave to amend, the Fourth Appellate District did not comment on the validity of any of the plaintiff's allegations. If the Hale plaintiff prevails, however, then the defense argument in our cases will be that the Chargemaster rates are *per se* unreasonable. How can the Chargemaster be the hospital's "usual and customary charge" if it is a rate that is *never* paid or collected? This is the challenge we face in lawsuits like Hale. The Fourth Appellate District observed that the nationwide class action trend to challenge disparate hospital billing practices has thus far been relatively unsuccessful. In one other California case, however, a charge of disparate billing presumably survived demurrer in that the health care provider eventually agreed to end "price discrimination against the uninsured." (Sutter Health Uninsured Pricing Cases (2009) 171 Cal. App.4th 495, 499.)

Steve Campora of the Dreyer firm has astutely observed that if the plaintiff in Hale is successful, a potentially double-edged sword is created for personal injury plaintiffs: It will greatly assist with reducing hospital liens but will also limit our clients' recovery of medical damages.

Another dark cloud was presented by a front-page *Sacramento Bee* article on Sunday, April 18. ("Rising Costs at Hospital Hit Insurers: Charges not Directly Tied to Treatments Boost Premiums.") The reporters analyzed financial data from 300 California hospitals, showing that hospitals "collected $25 billion from insurance companies between September 2008 and October of 2009—an increase of more than a third since 2005." The tenor of the article was that greedy hospitals were victimizing insurance companies by their billing practices, a charge that seems counter-intuitive but may still be accurate, at least to some degree.

Maybe, just maybe, the hospitals are willing to accept what appear to be substantial reductions because they are still making extremely healthy profits.

First, the reporters evaluated data and found that Sutter Medical Center in Sacramento collected, on average, 52.2% of the billings it issued. That sounds somewhat reasonable. Second, however, the reporters found that Sutter Medical Center's costs of providing medical care were a mere 23% of its total charges for all patients. For this analysis, costs did not include operating costs for non-medical services, such as running the cafeteria.

Lan Lievense, noted expert in hospital billing and business practices, disagrees with the *Sacramento Bee* authors on several points, especially this exclusion of costs allegedly not directly related to healthcare. These are costs that are necessary to running a hospital and providing healthcare services, and are therefore indisputably part of the hospitals' bottom line.

Third, and perhaps the real eye-opener, was that Sutter Medical Center leads the way locally, in that its revenue from insurers is fully 127% higher than its estimated cost to provide medical care. Even if you add in non-medical care costs, that profit margin is astronomical. UC Davis Medical Center, usually castigated as an inflated billing machine, had revenues that exceeded patient care costs by a more modest (but still very substantial) 57%.

These data call into serious question many of the arguments we have made (both before and after Howell) as to why hospitals accept such deep reductions in payment. Sumner has appropriately and persuasively argued that contractual negotiated reductions allow hospitals to forgo substantial marketing and debt collection costs. This is indisputably true, but at Sutter Roseville, payments from insurers are 122% of patient care costs. That can't all be marketing and collection costs.

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HANIF

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Lievense (who, like Sumner, is someone I tremendously respect) has argued that hospitals accept large reductions in their Chargemaster rates because they simply aren't good negotiators, and insurers hold the upper hand. The *Bee* data cast some question on this assertion. Maybe, just maybe, the hospitals are willing to accept what appear to be substantial reductions because they are still making extremely healthy profits. The *Bee* reporters also quote the California Healthcare Foundation as labeling the rising hospital costs as "something of a mystery."

There are some troubling signs that maybe it really is the hospitals, and not the insurers, that are responsible for medical cost inflation.

1. Hospitals and insurers have a symbiotic relationship. I always assumed the insurers had the upper hand, since they had the power of the purse. However, insurers can't survive without hospitals willing to contract with them. No health insurer can go to its member insureds and say that it has failed to secure hospital care for those insureds. Remember when Foundation Health ended its relationship with Sutter? Isn't Foundation out of business now?

2. According to the journal *Health Affairs* (February 2010), expenses for hospital care rose an average of 10.6% from 1999 to 2005, far outpacing inflation.

3. Insurers allege that hospitals are blocking transparency in their pricing structures. Hospitals shoot back that the health insurers are scapegoating them, because insurers are under attack politically. There's probably some truth in both statements.

4. Both business and consumer groups (not typically allies) agree that California's accountability requirements for hospital pricing structures are too weak. According to the *Bee*, "the [Chargemaster] prices filed with the state … rarely reflect what consumers actually pay."

5. Sutter Health refuses to allow Aetna to publicize its negotiated prices on Aetna's website. Cedars Sinai Hospital in L.A. is equally recalcitrant.

6. Last year's Senate Bill 196 would have given consumers more access to hospital billing/pricing information and would have barred medical providers from refusing to allow insurers to reveal pricing information to insureds. The bill was supported by insurers and consumer groups (not typically allies), but was vigorously opposed by the California Hospital Association and California Medical Association. The bill was defeated, but it has been resurrected this year as A.B. 2389.

I fervently hope the Supreme Court does the right thing and affirms Howell. But we must all be aware of this rising tide of discontent (including among plaintiff class-action attorneys) at hospital billing practices. Judges regularly refer to "phantom billings" or "grossly inflated" billed amounts. When the facts support such conclusions, they are difficult conclusions to dislodge.

For plaintiffs' attorneys, the question is whether we continue to do the hospitals' work for them, and urge the awarding of amounts that bear little, if any, relation to either the true cost or the true value of medical care. The client, who often never

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HANIF

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even sees the Chargemaster-based bill, is truly a hapless victim in this political/economic shell game carried out between providers and insurers.

It is little wonder that some judges find it more intellectually palatable to apply the collateral source rule to the amount actually paid in the open marketplace for the medical care received. That was the purported teaching of Hanif, and perhaps brings us back full circle. I certainly hope not.

Yanez v. SOMA Environmental Engineering (2010) 185 Cal.App.4th 1313 was an undeniably positive development. The defendant's petition for review to the Supreme Court was filed July 28, 2010. While Yanez, in conjunction with Howell, represents a clear trend, we still have to wait for the Supremes to decide.

Yanez is also helpful in its discussion of the hospital/healthcare economic realities that Lievense has lectured and testified about, including "in kind" payments by insurers to hospitals. This discussion can now be cited, unless (as many suspect) Yanez is granted review by the Supremes as well.

While this is a good issue for plaintiffs, in that it explains the discrepancy between billed and paid amounts, it is also helpful as an argument for keeping this all away from the jury. Under Evidence Code section 352, it is an undue consumption of the jury's time to have to wend its way through arcane aspects of health care pricing, Chargemasters, in-kind benefits, negotiated reductions, *etc*.

As my friend Alex Lichtner notes, citing an out-of-state decision, it is not good judicial policy to transform a PI jury trial into a graduate school symposium on hospital economics.

Unfortunately, the concurring opinion of Justice Banke Yanez raised the hated specter of the jury learning about *all amounts paid*, as though the collateral source rule truly had no meaning. Several judges in other jurisdictions in Northern California have apparently adopted this indefensible approach. It is one thing for an expert witness to provide competent testimony as to the reasonable value of the services, but it is quite another to ignore the collateral source rule and have the jury hear about amounts billed and paid, and divine from that the reasonable value.

It can only be hoped that no matter what the Supremes decide, they will at least put to rest this notion that collateral source payments are somehow fair game for the jury to consider in fixing reasonable value.

President's Message

Continued from page one

the money to that campaign. Personally, I would like to get 80 to 100% of our members to either attend a fundraiser or contribute to CAOC. If we each give as little as $100, we can raise over $35,000. Think of how little $100 or even $250 will seem if your lack of support/action means we get a governor who becomes successful in limiting the amount of damages that our clients can recover.

If you have not previously attended a fundraising event or given to a political candidate, I ask that you do so this fall. Whether you like or dislike politics, if we are going to continue to represents our clients, we will need to get involved in supporting political candidates and organizations like CAOC.

I also want to thank our members who attended the Spring Fling at Allan's house and made it a huge success. We raised $16,500, our best effort so far, for the Sacramento Food Bank. Allan, Debbie, Margaret and the set-up crew also deserve a huge thank you for dealing with unexpected rain and having to rearrange Allan's house to move the entire auction inside.

Thank you, and I look forward to seeing more and new faces at the upcoming political fundraisers.

With your help, we can top $25,000 this year!

For the fourth year in a row, CCTLA is sponsoring the Mustard Seed Spin, a bicycle ride to raise money to support the Mustard Seed School for homeless children. One hundred percent of the registration fees go to the school. Last year, $25,000 was raised.

The ride is open to all riders, although those seven and younger must ride with an adult, and is scheduled for Sunday, Sept. 26, on the American River Parkway at William Pond Park.

Hundreds of expected riders can ride as much as 20 miles, or as few as they wish, along the beautiful American River Parkway bike trail, between Watt Avenue and Sunrise. There will be a well-stocked food and rest stop along the way and ice cream, music and raffle prizes (including some new bikes) at the ride's end.

CCTLA provides 50 helmets and "scholarships" (entry fees) for 50 underprivileged children, many of whom receive "gently used" bicycles donated to the Spin.

Families are encouraged to ride and receive a discount on fees. Pre-registration is $25 and $60 for family of three (additional members: $10 each). Day of the ride, fees are $30 and $75, respectively.

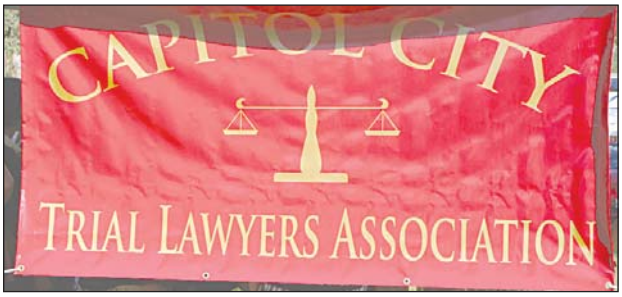
Come ride with your children, friends, grandkids or neighborhood pals and make it a picnic in the park. Download registration forms or register online at either mustardseedspin.org or mustardseedspin.com.

Check-in starts at 10:30 a.m. when helmets and bikes will be checked by trained volunteers. Safety tips will be offered starting at 11, with pedals down at noon.

More information about the event, directions, sponsorships and pictures of past Spins can be found at the above addresses.

The mission of the Mustard Seed Spin is to introduce children to the health and safety benefits of bicycling and to help their less fortunate peers.

Scenes from last year's successful Mustard Seed Spin. For more photos, visit the Mustard Seed Spin website at: mustardseedspin.org or mustardseedspin.com



Allan's Corner

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998 Offers. In Barnett v. First National Insurance Company of America, 2010 DJDAR 7727, the court basically overrules the discussion in Weinberg v. Safeco Insurance, 144 Cal App 4th 1087, regarding 998 offers to a husband and wife and holds that because a cause of action for damages is community property as is the recovery on that cause of action, a 988 made jointly to a husband and wife is valid and it need not be allocated between them. Moreover, under Family Code §1100(a), either spouse can accept the 998 and that would be binding on the other spouse.

Proposition 213. In Chude v. Jack in the Box, Inc., Plaintiff was an uninsured driver who suffered second degree burns when she spilled a coffee on herself that she had just purchased at the Jack in the Box drive-through window. Trial court granted Jack in the Box's motion for summary adjudication of the claim for non-economic damages, finding that Civil Code §3333.4 barred non-economic damages in this case because Plaintiff was an uninsured driver. Appellate court affirms finding that this is an action to recover damages arising out of the operation or use of a motor vehicle.

Duty. In Formet v. The Lloyd Termite Control Company, 2010 DJDAR 8738, termite company did report for purchase of home, failed to note area of dry rot, guest of new owner fell through second floor balcony due to dry rot. Trial court granted summary judgment finding no duty and appellate court affirms.

Insurance Coverage for Intentional Acts. In Minkler v. Safeco, 2010 DJDAR 9113, Plaintiff sued defendant adult who sexually molested Plaintiff while Plaintiff was a minor. Some acts of molestation occurred in mother's home and as a result of her negligent supervision. Mother was insured by Safeco, and defendant adult was an additional insured. Coverage was excluded for injury that was expected or intended by an insured or was reasonably foreseeable as a result of an insured's intentional act. The Supreme Court notes that acts of "an" or "any" as opposed to "the" insured are deemed under California law to apply collectively so if the exclusion applies to the insured who committed the acts, the exclusion applies to all insureds with respect to that occurrence. However, like most policies, the Safeco policy contained a severability of interests or separate insurance clause providing that "this insurance applies separately to each insured." The California Supreme Court holds that such a clause establishes an exception to the "an/any" rule so that in this case, the mother is barred from coverage only if her own conduct in relation to the molestation falls within the exclusions.

Insurance. In Hervey v. Mercury Casualty Company, Mercury's no excess/no reimbursement med pay provision does not require offset repayment, etc., on liability policies but doesn't say anything about UM/UIM. Mercury took a credit for what they had paid on med pay against UM coverage and Plaintiffs filed a class action complaint. Demurrer was sustained without leave to amend and appellate court affirms finding that the policy is not reasonably susceptible to Plaintiff's interpretation.

Negligence and Prop 51. In Myrick v. Mastagni, the holding of interest to us is that where parties are involved in joint venture, they are jointly and severally liable for all injuries and there need be no apportionment.

Hanif. In Yanez v. Soma, 2010 DJDAR 9720, the First Appellate District, Division 1, finds that the collateral source rule precludes reducing a medical damage award to the amounts paid by health insurance companies. They expressly disapprove of the Nishihama case, which was decided by a different division of the same district. At the time of the submission of this article to *The Litigator*, there is a pending Petition for Review in the California Supreme Court, but the petition has not yet been ruled upon.

Prop 213 - Felony.. In Espinoza v. Kirkwood, 2010 DJDAR 9537, Plaintiffs were co-burglars. While trying to get away from the police, a third co-burglar was driving and caused a motor vehicle accident. Felon #1 sued the driver, and the court dismissed under Civil Code 3333.3, which prohibits recovery of damages if Plaintiff's injuries were proximately caused by Plaintiff's commission of a felony. Affirmed.

Privett cases. In Tverberg v. Fillner Construction, Inc., 2010 DJDAR 9667, the issue was whether an independent contractor hired by a subcontractor may sue the general contractor for peculiar risk. The appellate court found that Privett did not apply because an independent contractor is not entitled to Workers' Comp. Court of Appeal reverses finding that the peculiar risk doctrine does not make a hiring party liable for workplace injuries of an independent contractor. The court disagrees with previous cases and simply holds that an independent contractor has the authority to determine the manner in which inherently dangerous work is to be done and thus assumes legal responsibility for carrying out the work safely.

Uninsured Motorist Claims of Minors. In Blankenship v. Allstate, 2010 DJDAR 10173, the court again holds that the two-year statute of limitations to file suit, settle your claim or demand arbitration applies to minors, and there is no extension until the minor turns 18.

Employee v. Independent Contractor. In Baughman v. Wyatt, 2010 DJDAR 10325, Wyatt was working under a contract with the City of Los Angeles. Plaintiff was in an accident when his motorcycle collided with the dump truck operated by Wyatt. Jury found Wyatt caused the accident by making a negligent left turn in front of the motorcycle and found that he was a city employee and that the city breached a duty to inspect and

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In My Opinion . . .

Good reasons why we *should* show them the money

By Stephen Davids

Jonathan Marcel's article ("Please Consider Not Showing Them the Money") in the last edition of *The Litigator* betrayed a certain dangerous naiveté. Having concluded—through a selective use of statistics and a fair amount of historical revisionism—that political contributions are futile, Marcel urges us to totally give up.

Nothing could be worse for us, or our clients. The fact that PI lawyers do not raise nearly as much as insurance companies, financial institutions and the like, does not mean that the money is wasted. It is vital that the Legislature understand that PI lawyers are an important presence in the electoral equation.

Marcel's position would mean that every actor in Hollywood who has never won an Oscar should give up acting just because they hadn't "won." To use a recent example, the British elections demonstrated that, in the right hands (such as Clegg's), a relatively minor party like the Liberal Democrats can end up being responsible for the formation of a government.

If California's legislators even as much as perceive that our passion is dimmed or reduced, then there will be nothing standing in the way of the tort reform agenda advocated by an increasing number of Republican elected officials in this state, and especially in hard economic times when business are seen as deserving of "breaks" so that they can create jobs.

Marcel may have been trying to affect the attitude of a provocateur, but his apparent sympathy for PI lawyers likely masks a deep-seated hostility toward the system we serve. His labored attempt to pass off notable tort reform initiatives as being premised on "fairness" also demonstrates no real understanding of what the victims of torts experience.

CCTLA may not itself be a political or lobbying organization, but our members deserve to know that these kinds of calls to stand down from political involvement are highly misleading and self-defeating.

CCTLA's COMPREHENSIVE MENTORING PROGRAM

The CCTLA board has developed a program to assist new attorneys with their cases. If you would like more information regarding this program, or if you have a question with regard to one of your cases, please contact:

Jack Vetter: jvetter@vetterlawoffice.com
Chris Whelan: chwdefamation@aol.com
Cliff Carter: cliff@ccalawcorp.com

Allan's Corner

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maintain the dump truck's brakes. City appealed on the basis that the jury was not instructed on the factors it was to consider in determining employee v. independent contractor. Basically, the contention is that Caci 3704 tells the jury the right to control by itself compels a finding of employee. Appellate Court agrees and reverses.

Service of Process - Non-resident. In Litwin v. Estate of Formela, 2010 DJDAR 10613, Defendant was a German citizen and left the state day after motor vehicle accident. Plaintiff filed suit four years after the accident, claimed statute was tolled under CCP §351 because Defendant was absent from the state. Trial court granted demurrer without leave to amend and 3d DCA affirms finding that §351 does not apply because you can serve the director of the DMV and obtain personal jurisdiction over the non-resident.

Insurance. In LA Checkered Cab Cooperative, Inc., v. First Specialty Insurance Company, 2010 DJDAR 10909, the court holds that assault and battery, no matter whether it is done with an unreasonable belief in self-defense or not, is not covered within the definition of an accident or occurrence. I believe this is wrong. I think the insurer owes a defense because if the self-defense claim is correct, then there is no wrongful conduct which would make the suit groundless.

✔ **Hank Greenblatt and Catia Saraiva of Dreyer Babich Buccola Wood obtained a $3.6-million verdict** on behalf of a client who was rear-ended. There was a liability dispute when Defendant attempted to blame a "phantom" vehicle for the impact. Defendant retained a Boster Kobayashi engineer who testified that the witness marks on the rear of the Plaintiff's vehicle could not possibly have come from the Defendant's vehicle, although the expert admitted this was based purely upon "eye-balling" and not on any scientific analysis. An uninsured motorist claim was presented as to the alleged phantom vehicle.

The case was tried before Judge Hight, and the jury found that both Defendant and the phantom vehicle were responsible and apportioned fault at 60% to Defendant and 40% to the phantom.

Plaintiff suffered substantial spinal injuries, requiring five surgeries and medical expenses alone of $800,000. Another $800,000 was predicted for future medical expenses.

Defendant was insured by Unitrin and had a policy of $750,000. Defense counsel at trial was Rich Bertolino.

A particularly gratifying aspect of the case was that at the first settlement conference, the prior defense attorney had proclaimed that this was a no-liability case and that the defense would prevail every time. Defendant made no offers for five years, although the policy limits were eventually offered long after all demands had expired.

***

✔ **Rob Piering won a $100,591 personal injury verdict** in a case involving a three-car crash with Plaintiff driving the middle car. Officer testified Plaintiff tells him at scene she hit vehicle in front of her, then got rear-ended; Plaintiff denies the statement and claimed she was hit from behind and pushed into car in front. Defendant alleged Plaintiff hit car in front of her and because of her sudden impact, he could not avoid hitting her. Officer finds Plaintiff at fault.

Plaintiff's injuries include soft tissue neck/back treated with medication and physical therapy; MRIs all clean. Plaintiff neurologist (Ehyai) said possible radiculopathy from L5 nerve. Said she could need future care: injections, EMGS, MRIs, could cost as much as $50k. Defense medical expert (Eyster), neurosurgeon,(paid $15k to work on case), said all should be healed in five to six months.

Plaintiff's demand: $70k (§998 for 69,999).

Defense mediation offer: $20k, then increased via §998 offer to 40k.

Verdict comprised of past meds, $37,000; past wage loss, $1,000; future meds, $45,000; and general damages, $17,500. General damages were low because foreman lobbied for no negligence and said Plaintiff caused crash so no liability. He agreed to give future medical loss if general damages could be lowered to $17,500; others wanted to give $50k. Would not sign verdict form until compromise reached (very strange).

***

✔ **John J Rueda prevailed on a "MIST" case tried in Yolo Superior Court with a $25,000 verdict**. Plaintiff is a 29-year-old female licensed civil engineer who suffered a severe cervical strain injury when Defendant, an elderly woman, rear-ended her at a stop sign. Very minor damage ($400) to the vehicles. Defendant, represented by Allstate/Encompass in-house counsel David Johansing, admitted fault for the accident but denied that Plaintiff was hurt. The action proceeded a four-day jury trial before Judge David Reed.

Plaintiff was treated by three UCDMC-certified specialists who all testified she suffered a severe cervical strain/sprain and needed extensive treatment and was disabled from work for five weeks.

Defendant offered no medical experts to counter Plaintiff's treating doctors on the issues of injury, causation, appropriateness of treatment and reasonableness of their costs. No contravening evidence was offered regarding Plaintiff's time off from work or calculation of resulting income loss.

Defendant offered the testimony of biomechanist Sean Shimada, who testified that based on his calculations based on crash-test dummies, the forces at play in the collision did not meet the threshold to cause injury. Shimada admitted on cross that he could not state in fact that Plaintiff was not injured and that such determination was one for medical experts.

Verdict comprised of $11,415, Meds; $8,558, lost income; $5,000, pain and suffering.

The verdict plus costs topped Plaintiff's CCP §98 offer of $29,900 served one month before trial. Judge Reed denied Defendant's motion for a post-trial motion to reduce Plaintiff's medical expenses per Haniff.

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✔ **Jill Telfer won a $159,000 verdict** when she represented 66-year-old Margaret Grodzik in her claims against the California Conservation Corp (CCC) of retaliation, disability discrimination and failure to prevent retaliation and discrimination.

The verdict, comprised of $59,000 in past and future wage loss and $100,000 in emotional distress, was rendered by a unanimous verdict in front of the Hon. David Brown in Sacramento Superior Court. With pending motions for costs and attorney fees under Gov

Code 12965(b), the parties settled post trial for the sum of $500,000.

Margaret Grodzik worked for CCC part time (50 hours a month) from June 2004 to July 2007, $11/hr, as a special corps member supervising corps members who were employees ages 18 to 24 who were paid minimum wage and worked on outdoor projects. She supervised them in the residential setting. Her job was to look out for the health and safety of these corps members. When Grodzik reported sexual assault and rape of corps members, she requested corrective action be taken. No action was taken.

In 2006, when she learned about sexual harassment several months after the fact, she decided to help the female corps members whose safety was at risk by getting them an appt with the Department of Fair Employment & Housing. Thereafter, she was subjected to adverse acts, such as being outed as a drug informant to one of the men involved in the reported rape, discipline, and ultimately, terminated after having an anginae attack which resulted in stint surgery.

The articulated basis for termination was insubordination for failing to return documents she gathered at work that supported her claims of illegal activity by management.

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✔ **Mark Velez won a $400,000 verdict** in Weyhe v. Wal-Mart Stores, Inc., a disability discrimination case, filed by a Type I diabetic employee who required extra breaks to accommodate his physical disability. Wal-Mart alleged he was terminated him "stealing time." After a four-week trial in Sacramento County Department, Judge David Abbott presiding, Plaintiff prevailed on all four claims: Retaliation, Failure to Prevent Retaliation/Discrimination; Physical Disability Discrimination and Failure to Engage.

Defense counsel was Greg Spallas of Phillips, Spallas of San Francisco, who made a CCP § 998 for $45K 15 days before trial. Plaintiff's experts were a life-care planner RN and the medical treater. Defense expert was an endocronolgist, Dr. Gloster.

Plaintiff abandoned wage-loss claim because of the after-acquired evidence doctrine (Plaintiff failed to disclose a prior termination in his job application) and because the wage-loss was minimal and could anchor down pain and suffering damages.

New Pre-Trial Deadlines for Sacramento Courts!

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Capitol City Trial Lawyers Association
Post Office Box 541
Sacramento, CA 95812-0541

SEPTEMBER

Thursday, September 9
CCTLA Problem Solving Clinic
Topic: TBA
Speaker: Chris Kreeger, Esq.
Arnold Law Firm
(First Bank Building)
865 Howe Avenue, 2nd Floor
5:30 to 7 p.m.
CCTLA Members Only - $25

Tuesday, September 14
Q&A Luncheon
Noon - Vallejo's (1900 4th Street)
CCTLA Members Only

Friday, September 24
CCTLA Luncheon
Topic: TBA
Speaker: Dr. Doug Kindall
Noon, Firehouse Restaurant
CCTLA Members Only - $30

OCTOBER

Thursday, October 7
CCTLA Problem Solving Clinic
Topic: "It's Time for Nuts and Bolts: How to Effectively Interview New Clients and Begin Initial Case Handling with an Eye Toward Depositions and/or Resolution"
Speakers: Stephen Davids & Cliff Carter
Arnold Law Firm
865 Howe Avenue, 2nd Floor
5:30 to 7 p.m.
CCTLA Members Only - $25

Tuesday, October 12
Q&A Luncheon
Noon - Vallejo's (1900 4th Street)
CCTLA Members Only

Friday, October 22
CCTLA Luncheon
Topic: "How to Recognize a Subtle Traumatic Brain Injury in Your Clients"—and when and how to get your client in to see a neuropsychologist
Speaker: Dawn Osterwiel
Noon, Firehouse Restaurant
CCTLA Members Only - $30

NOVEMBER

Tuesday, November 9
Q&A Luncheon
Noon - Vallejo's (1900 4th Street)
CCTLA Members Only

DECEMBER

Thursday, December 9
CCTLA Annual Meeting
& Holiday Reception
Location: TBA - 5:30 to 7:30 p.m.

Tuesday, December 14
Q&A Luncheon
Noon - Vallejo's (1900 4th Street)
CCTLA Members Only

JANUARY, 2011

Thursday, January 20
CCTLA Seminar
Topic: What's New in Tort & Trial: 2010 in Review
Speakers: TBA
Holiday Inn

MARCH, 2011

March 25-26
CAOC/CCTLA Tahoe Ski Seminar
Speakers: TBA - Location: TBA

Contact Debbie Keller at CCTLA at (916) 451-2366 for reservations or additional information about any of these events

CCTLA COMPREHENSIVE MENTORING PROGRAM

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Jack Vetter: jvetter@vetterlawoffice.com or Chris Whelan: chwdefamation@aol.com

CCTLA Calendar of Events