

Case Caption and No. _____

PRETRIAL STATEMENT of: Claimant _____
Director, OWCP Respondent _____

1. Briefly summarize, below or on attached sheet, the facts or circumstances you contend gave rise to this claim, and describe the nature of the claimed injury or disease.

2. State your contentions as to the place of injury _____; its date _____; the date disability commenced _____; the date claimant became aware disability was work related _____; and the date employer had notice of injury _____.

3. This claim is for: compensation; medical benefits; penalties (under § _____); other _____.

4. Do you contend or concede that:
 - (a) The LHWCA applies to this claim. Yes No
 - (b) At the time of the alleged injury, an employer-employee relationship existed between Claimant and Employer. Yes No
 - (c) Claimant has suffered an injury or disease. Yes No
 - (d) The alleged injury or disease arose out of and in the course of claimant's employment. Yes No
 - (e) The claim was timely noticed; untimely noticed; timely filed; untimely filed.
 - (f) Claimant is/was entitled to compensation Yes No; medical benefits Yes No
 - (g) Employer/Carrier is currently providing: compensation Yes No
medical benefits Yes No
 - (h) Claimant has reached maximum medical improvement. No; Yes, on _____.
 - (i) Claimant has outstanding medical bills.
No; Yes to _____ \$ _____

