

U.S. Department of Labor

Office of Administrative Law Judges
800 K Street NW
Suite 400 North
Washington, DC 20001-8002



(202) 693-7300
(202) 693-7365 (FAX)

Case Caption and No. _____

PREHEARING 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 _____ ; 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 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: _____ \$ _____
_____ \$ _____
_____ \$ _____

5. Are nature and extent of disability disputed? Yes No

6. Is Claimant now working? No Yes

in his/her usual employment started on _____ ;

in alternative employment started on _____ .

7. You contend or concede that claimant was able to do:

his/her regular pre-injury work without loss of earnings; alternative work; no work.

8. You contend or concede that the alleged injury or disease is: unscheduled; OR

a scheduled injury which caused a _____ % loss/loss of use of _____ .

9. You contend or concede that the alleged injury or disease caused disability which was/is:

temporary total from _____ to _____

temporary partial from _____ to _____

permanent partial from _____ to _____

permanent total from _____ to _____

10. You contend or concede that Claimant's average weekly wage when injured was \$ _____

under § 10 subsection _____ , and that his/her retained weekly earning capacity is: zero;

OR \$ _____ based on: his/her current earnings;

labor market survey(s);

other facts.

11. Is Special Fund relief sought? No Yes

If Yes, is the Director:

conceding entitlement;

asserting absolute bar;

denying entitlement on grounds of:

no pre-existing disability;

disability not manifest to employer;

contribution requirement not met?

12. Set forth below or on separate page(s) other contentions, issues or ultimate facts which you will present at trial (e.g. last responsible employer; § 33(g); collateral estoppel; credits; etc.), and succinctly brief any novel legal questions.

13. Estimated total trial time: _____ day(s) _____ hours

DATE: _____ /s/ _____

Counsel for _____