

(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 _____