

CASE NAME: _____

CASE NO: _____ OWCP NO: _____

STIPULATIONS

1. The LHWCA, 33 USC §901 *et seq.*, as amended, applies to this claim.
2. The injury(ies) occurred on _____.
3. The injury occurred at _____.
4. The injury arose out of and in the course of the worker's employment with the Employer.
5. There was an Employer/Employee relationship at the time of injury(ies).
6. The Employer was timely notified of the injury(ies).
7. The claim for benefits was timely filed.
8. The Notice of Controversion was timely filed.
9. The Informal Conference was conducted on _____.
10. The worker's average weekly wage at time of injury(ies) was \$ _____.
11. Compensation has been paid as follows (specify whether TTD, TPD, PTD or PPD*):

<u>TYPE*</u>	<u>DATES</u>	<u>WEEKLY COMPENSATION RATE</u>
a. _____	from _____ to _____	at \$ _____
b. _____	from _____ to _____	at \$ _____
c. _____	from _____ to _____	at \$ _____
d. _____	from _____ to _____	at \$ _____

12. Medical benefits have been paid in the total amount of \$ _____.

13. The worker has been disabled as follows (specify whether TTD, TPD, PTD or PPD*):

<u>TYPE *</u>	<u>DATES</u>
a. _____	from _____ to _____
b. _____	from _____ to _____
c. _____	from _____ to _____
d. _____	from _____ to _____

- 14. The worker reached maximum medical improvement on _____.
- 15. The worker returned to his usual job as a _____ on _____.
- 16. The worker has not returned to his usual job.
- 17. The worker has engaged in alternative employment as follows:

<u>EMPLOYER</u>	<u>DATES</u>	<u>PAY RATE</u>
a. _____	from _____ to _____	at \$ _____
b. _____	from _____ to _____	at \$ _____

18. OTHER

- a. _____
- b. _____
- c. _____
- d. _____

19. Unresolved issues to be adjudicated:

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____
- g. _____

FOR THE CLAIMANT

 /s/

 Printed Name

FOR THE EMPLOYER

 /s/

 Printed Name

FOR THE DIRECTOR

 /s/

 Printed Name

FOR THE CARRIER

 /s/

 Printed Name