**U.S. Department of Labor**

Office of Administrative Law Judges
William S. Moorhead Federal Office Building
1000 Liberty Avenue, Suite 1800
Pittsburgh, PA 15222

(412) 644-5754
(412) 644-5005 (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 _____

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Print Form