



(415) 625-2200  
(415) 625-2201 (FAX)

Case Caption and No. \_\_\_\_\_

PREHEARING STATEMENT of: Claimant \_\_\_\_\_  
Director, OWCP Respondent/Intervenor \_\_\_\_\_

In accordance with 29 C.F.R. § 18.80, each party must complete and deliver to the other parties and the presiding judge a signed prehearing statement no later than the date specified in the Notice of Hearing and Prehearing Order. For cases arising under the Longshore and Harbor Workers' Compensation Act and its extensions, including the Defense Base Act, a party using this form will be deemed to have satisfied the requirements of Section 18.80. Parties must also comply with any additional or alternative requirements of the Pre-Hearing Order.

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. Your position is 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 \_\_\_\_\_.



14. To the extent not previously provided on this Prehearing Statement form, state below or on separate page(s) the facts disputed by the parties.

15. As directed by the Pre-Hearing Order, provide in a separate document a list of witnesses you expect to call.

16. As directed by the Pre-Hearing Order, provide in a separate document a list of the joint exhibits.

17. As directed in the Pre-Hearing Order, provide in a separate document a list of the party's exhibits.

18. Estimated total trial time: \_\_\_\_\_ day(s) or \_\_\_\_\_ hours

19. State below or on separate page(s) any additional information that may aid the parties' preparation for the hearing or the disposition of the proceeding, such as the need for specialized equipment at the hearing.

DATE: \_\_\_\_\_ /s/ \_\_\_\_\_

\_\_\_\_\_ Representative for \_\_\_\_\_

Address:

Telephone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_