U.S. Department of Labor

Office of Administrative Law Judges 90 Seventh Street, Suite 4-800 San Francisco, CA 94103-1516 HENT OF THE STREET OF THE STRE

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

Case Caption and No.				
PREHEARING STATEMENT of: Cla	aimant			
Director, OWCP Respondent/Inte	ervenor			
In accordance with 29 C.F.R. § 18.80, each party prehearing statement no later than the date speci Longshore and Harbor Workers' Compensation A will be deemed to have satisfied the requirements requirements of the Pre-Hearing Order.	fied in the Notice of Heact and its extensions, in	aring and Pre ocluding the I	hearing Order. For cases aris Defense Base Act, a party usir	ing under the
Briefly summarize, below or on attached sheet the nature of the claimed injury or disease.	t, the facts or circumstal	nces you cor	tend gave rise to this claim, a	nd describe
2. State your contentions as to the place of injury	1			;
its date; the date disability	commenced	; tŀ	e date Claimant became	
aware disability was work related	; and the d	ate employe	had notice of injury	·
This claim is for: compensation; me	edical benefits; pe	enalties (und	er §);
other				
4. Your position is that:				
(a) The LHWCA applies to this claim?			No	
(b) At the time of the alleged injury, an employer-employee relationship existed between Claimant and Employer?			□ No	
(c) Claimant has suffered injury or disease?			No	
(d) The alleged injury or disease arose out of course of Claimant's employment?	and in the	Yes	No	
(e) The claim was timely noticed;	untimely noticed;	timely	iled; untimely filed;	
(f) Claimant is/was entitled to: compensation	on?	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:			\$
	_			\$
	_			\$
	Are nature and extent of disability disputed?	Yes	No	
6.	Is Claimant now working?	No	Yes	
				loyment started on;
_		in	alternative employ	ment started on
1.	Your position is that Claimant was able to do:			
		hio/ho		words with a state of a suring so.
Ω	no work. alternative work; Your position is that the alleged injury or disea		r regular pre-injury unschedule	work without loss of earnings;
0.	_			•
9.	□ a scheduled injury which caused a Your position is that the alleged injury or disea			
0.	temporary total from		-	
	temporary partial from			
	permanent partial from			
	permanent total from			
10.	Your position is that Claimant's average wee			\$
	under § 10 subsection	, a	nd that his/her reta	ined weekly earning capacity is: ☐ zero;
	OR \$	based on	his/her cur	rent earnings;
	OR \$	baseu on.		et survey(s);
			other facts.	
11.	. Is Special Fund relief sought? No	Yes		
	If Yes, is the Director:	conce	ding entitlement;	
		assert	ing absolute bar;	
		denyin	g entitlement on gr	ounds of:
		nc	pre-existing disabi	ility;
		dis	sability not manifes	t to employer;
		со	ntribution requirem	ent not met?
12	Set forth below or on separate page(s) other present at trial (e.g. last responsible employ succinctly brief any novel legal questions.			
40	Ctata balancan con constant () () ()		hat an and a	£/
13.	State below or on separate page(s) the stipu stipulation form can be found at www.oalj.do			і (а ѕатіріе
				•

	 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-He	earing Order, provide in a separate document a list of witnesses you expect to call.						
16. As directed by the Pre-He	earing Order, provide in a separate document a list of the joint exhibits.						
17. As directed in the Pre-He	earing Order, provide in a separate document a list of the party's exhibits.						
18. Estimated total trial time:	day(s) or hours						
	te page(s) any additional information that may aid the parties' preparation for the hearing or the ling, such as the need for specialized equipment at the hearing.						
DATE:	_ /s/:						
	Representative for						
	Address:						
	Telephone Number						
	Fax Number						
	F-Mail Address						