

Case Name: _____

Case No: _____ OWCP No: _____

STIPULATIONS

1. The LHWCA, 33 USC § 901 *et seq.*, as amended, applies to this claim.
2. The Claimant injured his/her _____ 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 the injury(ies).
6. The Employer was timely notified of the injury(ies).
7. The claim was timely filed.
8. The Notice of Controversion was timely filed.
9. The District Director's 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, PPD*):

TYPE	DATES		WEEKLY COMPENSATION RATE
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, PPD*):

TYPE	DATES	
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/her usual job as a _____ on _____ .
- 16. The worker has not returned to his/her usual job.
- 17. The worker has engaged in alternative employment as follows:

EMPLOYER	DATES		PAY RATE
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. _____
 - h. _____

FOR THE CLAIMANT
 /s/ _____

 Printed Name

FOR THE EMPLOYER
 /s/ _____

 Printed Name

FOR THE DIRECTOR
 /s/ _____

 Printed Name

FOR THE CARRIER
 /s/ _____

 Printed Name