

BEFORE THE UNITED STATES DEPARTMENT OF LABOR  
OFFICE OF ADMINISTRATIVE LAW JUDGES

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

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

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.

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 filed?  timely filed;  untimely noticed;

(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. Your position is that Claimant was able to do:

no work.  alternative work;  his/her regular pre-injury work without loss of earnings;

8. Your position is that the alleged injury or disease is:  unscheduled; OR

a scheduled injury which caused a \_\_\_\_\_ % loss/loss of use of \_\_\_\_\_ .

9. Your position is 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. Your position is 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. State below or on separate page(s) the stipulated facts that require no proof (a sample stipulation form can be found at [www.oalj.dol.gov/FORMS.HTM](http://www.oalj.dol.gov/FORMS.HTM)).

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. Set forth below or on separate page(s) a list of witnesses you expect to call.

16. Set forth below or on separate page(s) a list of the joint exhibits.

17. Set forth below or on separate page(s) a list of the party's exhibits.

18. Estimated time required for you to present your case-in-chief: \_\_\_\_\_ 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:

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone  
Number

\_\_\_\_\_

Fax Number

\_\_\_\_\_

E-mail Address

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