

PREHEARING STATEMENT OF

1. STYLE:

2. CLAIMANT DOB:

3. ADDRESS:

4. EDUCATION:

5. PRIOR JOBS/OCCUPATIONS:

6. DATE OF INJURY:

7. ADMITTED INJURY: YES;NO

8. AWW:

9. CLAIMANT'S OCCUPATION ON DATE OF INJURY:

10. HOW INJURY OCCURRED and BODY PARTS FOR WHICH CLAIM IS MADE:

11. DATES and RATES OF TTDB and PDB PAID TO DATE:

12. SURGICAL PROCEDURES PERFORMED and DATES OF SURGERY PER SURGEON:

13. MMI DATE(S): PERMANENT IMPAIRMENT RATINGS and
PERMANENT WORK RESTRICTIONS PER DOCTOR:

14. EXPERTS WHO HAVE OR WILL BE DEPOSED and DEPOSITION DATES:

15. ISSUES, INCLUDING AFFIRMATIVE DEFENSES and DISPUTES OVER UNPAID MEDICALS:

16. COUNSEL HEREBY VERIFIES TO THE COMMISSION THAT HE/SHE HAS

a. SUPPLEMENTED DISCOVERY RESPONSES PER MRCP RULE 26,

b. CONFERRED WITH OPPOSING COUNSEL AND WITH HIS/HER CLIENT REGARDING
THE PROSPECTS FOR SETTLING THIS CASE THROUGH MEDIATION, AND

c. CONCLUDED THAT MEDIATION WOULD/WOULD NOT EXPEDITE SETTLEMENT.

17. IF NOT, WHY NOT?

18. ATTACH COPIES OF:

1. Final medical report(s) documenting ratings and restrictions as Attmt. 1 (should be 1 page per expert),

2. Work search list identifying post-MMI prospective employers and dates contacted as Attmt. 2,

3. Any post-MMI employers and wage rate/AWW as Attmt. 3,

4. Any vocational/labor market reports available to date as Attmt. 4,

5. Stipulations (especially regarding AWW and MMI) as Attmt. 5,

6. Proposed Exhibits, which must include all medical records affidavits, as Attmt. 6, and

7. Proposed Witness List, which must include all notices of expert depositions, as Attmt. 7.

Sign, State Bar No., and Identify Party Represented

Date

*****Attach Certificate of Service*****