

DISTRICT OF COLUMBIA DEPARTMENT OF EMPLOYMENT SERVICES
ADMINISTRATIVE HEARINGS DIVISION
64 New York Ave, N.E. Washington, D.C. 20002
(202) 671-2233

CASE NAME: _____ **AHD No.:** _____
ADMINISTRATIVE LAW JUDGE: _____

STIPULATION FORM

	Contested	Stipulated	No Contest
Employer/Employee Relationship-§32-1501	_____	_____	_____
Jurisdiction-§32-1503	_____	_____	_____
Date of Injury or Onset _____	_____	_____	_____
Average Weekly Wage-§32-1511 \$_____	_____	_____	_____
Arising out of and in the Course/Causal Relationship	_____	_____	_____
Timely Notice of Injury-§32-1513	_____	_____	_____
Timely Claim-§32-1514	_____	_____	_____
Penalties/Timely Controversion-§32-1515	_____	_____	_____
Nature and Extent of Disability	_____	_____	_____
Failure to Cooperate-§32-1507	_____	_____	_____
Voluntary Limitation of Income-§32-1508	_____	_____	_____
Penalties-Unreasonable Delay/Costs-§32-1528	_____	_____	_____
Retaliatory Discharge-§32-1542	_____	_____	_____
Reasonableness and necessity of medical expense	_____	_____	_____
Claim for Relief:			
Temporary Total Disability	From_____		To_____
Temporary Partial Disability	From_____		To_____
Permanent Total Disability	From_____		To_____
Permanent Partial Disability	From_____		To_____
Schedule Award	Max Med Improvement _____		At _____%
Causally Related Medicals _____			
Modification §32-1524	of Compensation Order dated _____		
Voluntary Payment of Compensation:			
TTD From_____ To_____	PTD From _____		To_____
TPD From_____ To_____	PPD From_____		To_____