

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Employment Services

MURIEL BOWSER
MAYOR



DEBORAH A. CARROLL
DIRECTOR

ADMINISTRATIVE HEARINGS DIVISION

In the Matter of:

Claimant

AHD PBL Num.: _____

PSWCP Num.: _____

Vs.

D.C. Department of:

Administrative Law Judge: _____

Employer

Pre-Hearing Order for the Public Sector Workers' Compensation Program (PSWCP) (D.C. Code Section 1-624. *et seq.*)

The claimant and the employer in this claim submit the following pre-hearing order:

A. Stipulations (matters not contested)

1. Date of injury: _____
2. Type of injury (please specify): _____
3. Timely notice (date): _____ (notified supervisor/employer within 30 days of injury)
4. Timely claim (filed form with DCP program within 3 years of injury)
5. Continuation of pay (COP) received: From: _____ to _____
6. Disability benefits received: From: _____ to _____

Check the type of benefits you received:

- | | |
|--|---|
| ☐ Temporary Total | ☐ Temporary Partial |
| ☐ Permanent Partial (Wage Loss) | ☐ Permanent Wage Loss (Schedule) |

7. Related medical bills paid: _____ From: _____ to _____
8. Claimant has returned to work: ☐ Yes ☐ No

B. Contested Matters

1. State why a hearing is requested

2. State what claimant requests as a result of the hearing

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C. Formal hearing evidence

CLAIMANT

1. List of witnesses to testify at the hearing:

_____	_____
_____	_____

2. List of exhibits (documents, photographs, etc.)

_____	_____
_____	_____

EMPLOYER

3. List of witnesses to testify at the hearing:

_____	_____
_____	_____

4. List of exhibits (documents, photographs, etc.)

_____	_____
_____	_____

- D. Estimated length of hearing: _____ hours

Respectfully Submitted,

Signature of Claimant/Representative

Signature of Employer

Signature of Administrative Law Judge

Date

THIS ORDER CANNOT BE CHANGED AFTER IT IS SIGNED BY THE ADMINISTRATIVE LAW JUDGE EXCEPT BY ORDER OF THE ADMINISTRATIVE LAW JUDGE.