

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Employment Services

MURIEL BOWSER
MAYOR



ODIE DONALD II
ACTING 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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DEBORAH A. CARROLL
DIRECTOR

ADMINISTRATIVE HEARINGS DIVISION

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.