

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Employment Services

MURIEL BOWSER
MAYOR



ODIE DONALD II
ACTING DIRECTOR

ADMINISTRATIVE HEARINGS DIVISION

STIPULATION FORM

CASE NAME: _____

AHD NO.: _____

ADMINISTRATIVE LAW JUDGE: _____

	CONTESTED	STIPULATED	NO CONTEST
Employer/Employee Relationship-§32-150	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jurisdiction-§32-1503	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Injury or Onset _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Average Weekly Wage-§32-1511 \$_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arising out of and in the Course/Causal Relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timely Notice of Injury-§32-1513	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timely Claim-§32-1514	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penalties/Timely Controversion-§32-151	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nature and Extent of Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Failure to Cooperate-§32-1507	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary Limitation of Income-§32-1508	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penalties-Unreasonable Delay/Costs-§32-1528	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retaliatory Discharge-§32-1542	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasonableness and necessity of medical expense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Claim for Relief:	FROM	TO
Temporary Total Disability	_____	_____
Temporary Partial Disability	_____	_____
Permanent Total Disability	_____	_____
Schedule Award	_____	_____
Causally Related Medicals	_____	_____
Modification §32-1524 of Compensation Order dated	_____	_____
Max Med Improvement	_____	At% _____

Voluntary Payment of Compensation:	FROM	TO
TTD	_____	_____
PTD	_____	_____
TPD	_____	_____
PPD	_____	_____