



INDUSTRIAL ACCIDENT BOARD

PRETRIAL MEMORANDUM

CLAIMANT _____ I.A.B. NO. _____

EMPLOYER _____ CARRIER/TPA _____

1. PETITIONER: Claimant _____ Employer _____ Carrier/TPA _____

2. BASIS FOR PETITION AND/OR BENEFITS SOUGHT:

- a. Acknowledgment of accident / injury / condition..... _____
- b. Acknowledgment of new body part / injury / condition..... _____
- c. Deficiency related to Agreement and/or Final Receipt (specify in #13 / #14)..... _____
- d. Payment of past medical expenses..... _____
- e. Authorization / approval of ongoing and/or proposed future medical treatment..... _____
- f. Total disability..... _____
- g. Partial disability..... _____
- h. Permanent impairment..... _____
- i. Disfigurement..... _____
- j. Utilization Review appeal..... _____
- k. Review and modification of Agreement and/or benefit(s) (specify in #13 / #14)..... _____
- l. Commutation of compensation..... _____
- m. Second injury compensation from the Workers' Compensation Fund..... _____
- n. Compensation for dependents of deceased employee..... _____
- o. Any other relief subject to the jurisdiction of the Board (specify in #13 / #14)..... _____

3. CLAIMANT ALSO SEEKS:

- a. Transportation expenses / mileage..... _____
- b. Medical witness fees..... _____
- c. Attorney's fees..... _____

4. CLAIMANT ALLEGES THE FOLLOWING:

- a. Claimant was involved in an industrial accident resulting in injury..... _____
 - i. Date of accident: _____
 - ii. List all body parts and, to extent known, nature of injuries and diagnoses related to accident:

- b. Claimant sustained a cumulative detrimental effect injury..... _____
 - i. Manifestation date: _____
 - ii. Date Claimant knew of potential relationship to employment: _____
 - iii. List all body parts / injuries / diagnoses related to CDE injury:

- c. Claimant contracted an occupational disease _____
 - i. Manifestation date: _____
 - ii. Date Claimant knew of potential relationship to employment: _____
 - iii. List all body parts / injuries / diagnoses related to disease:

5. Employer has acknowledged the following work-related injuries / conditions / illnesses:

6. Average Weekly Wage at time of accident: _____

a. Compensation Rate for benefits now sought: _____

b. If average weekly wage is allegedly calculated based on contracted hours or salary, please identify herein: _____

7. TOTAL DISABILITY: Identify all periods for which total disability is sought under Section 2324 (Please specify beginning and, where appropriate, end dates for claimed periods of disability):

8. PARTIAL DISABILITY: Identify all periods for which partial disability is sought under Section 2325 (Please specify beginning and, where appropriate, end dates for claimed periods of disability):

a. Partial disability rate sought: _____

b. Basis for partial rate sought: _____

i. Current employment _____

ii. Labor Market Survey _____

iii. Other (specify): _____

9. PERMANENT DISABILITY: If petition is to evaluate permanency under Section 2326, complete the following:

a. Doctor who evaluated permanent impairment: _____

i. Part of body evaluated: _____ Impairment %: _____

ii. Part of body evaluated: _____ Impairment %: _____

iii. Part of body evaluated: _____ Impairment %: _____

b. Doctor who evaluated permanent impairment: _____

i. Part of body evaluated: _____ Impairment %: _____

ii. Part of body evaluated: _____ Impairment %: _____

iii. Part of body evaluated: _____ Impairment %: _____

c. If body part is not a scheduled loss, then identify the alleged maximum number of weeks sought: _____

10. DISFIGUREMENT: If petition seeks compensation for disfigurement, provide description of such, to include location, type (e.g., scarring), significant features of alleged disfigurement, and number of weeks sought:

11. Employer: Check any of the following that may apply with respect to the pending petition:

a. Claimant was not involved in an industrial accident..... _____

b. Alleged accident did not arise "out of" and / or "in the course of" claimant's employment... _____

c. Claimant or someone on Claimant's behalf failed to give notice to the Employer of the injury within 90 days after the accident..... _____

d. Claimant's injuries and / or treatment are not causally related to the accident..... _____

e. Some or all of the work related injuries, if any, have resolved and returned to pre-accident baseline..... _____

- f. Forfeiture..... _____
 - g. Claimant refused to submit to an examination required by Section 2343(a)..... _____
 - h. Claimant has not sustained a compensable disease within the meaning of the Workers' Compensation Law..... _____
 - i. The claim is barred by the statute of limitations..... _____
 - j. Claimant has a pre-existing condition..... _____
 - k. Claimant has a new / subsequent accident and / or injury..... _____
 - l. Displaced Worker Doctrine does not apply..... _____
 - m. Compensation Rate is disputed..... _____
 - n. Claimant has not sustained any cumulative detrimental effect which is compensable within the meaning of the Workers' Compensation Law..... _____
 - o. Another employer and / or carrier is liable for some or all of the benefits now alleged..... _____
12. Workers' Compensation Fund is entitled to reimbursement pursuant to 19 *Del. C.* § 2347..... _____

13. Employer / Carrier / TPA: State any other contentions not as yet set forth:

14. Claimant: State any other contentions not as yet set forth:

15. Workers' Compensation Fund: State any other contentions not as yet set forth:

16. Expected witnesses:

CLAIMANT

EMPLOYER / CARRIER / TPA

Intent to use any movie, video or still picture: **YES** **NO**

Intent to use any movie, video or still picture: **YES** **NO**

Party agrees available for viewing upon request:

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Pursuant to § 2301B(a)(4) Party consents to a Hearing Officer: **YES** **NO**

Pursuant to § 2301B(a)(4) Party consents to a Hearing Officer: **YES** **NO**

Anticipated time to present party's case:

Anticipated time to present party's case:

Party needs interpreter for following language(s):

Party needs interpreter for following language(s):

Asks interpreter be provided: **YES** **NO**

Asks interpreter be provided: **YES** **NO**

ATTORNEY FOR CLAIMANT

ATTORNEY FOR EMPLOYER / CARRIER / TPA

WCF

Pursuant to § 2301B(a)(4) Party consents to a Hearing Officer: **YES** **NO**

Anticipated time to present party's case:

ATTORNEY FOR THE FUND

Date and time for Hearing: _____

Any party anticipate all-day Hearing: _____
INDUSTRIAL ACCIDENT BOARD:

DATE SIGNED:

Submit to: DOL_DIA_WC_PTMD@delaware.gov