

INDUSTRIAL ACCIDENT BOARD

PRETRIAL MEMORANDUM

CLAIMANT _____ I.A.B. NO. _____

EMPLOYER _____ CARRIER _____

1. PETITIONER: Claimant _____; Employer _____; Carrier _____

2. BASIS FOR PETITION AND BENEFITS SOUGHT:

- a. Acknowledgment of accident / injury / condition _____
- b. Acknowledgment of new body part / injury / condition _____
- c. Deficiency related to Agreement and / or 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 the 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 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 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: State any other contentions not as yet set forth:

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

15. WCF: 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 on request.

Party agrees available for viewing on request.

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: _____

Anticipate all-day Hearing: _____

INDUSTRIAL ACCIDENT BOARD:

DATED: _____

Submit to: DOL_DIA_WC_PTMD@delaware.gov