

MISSISSIPPI WORKERS' COMPENSATION COMMISSION

MWCC NO. _____

CLAIMANT

VS.

EMPLOYER

AND

CARRIER

PREHEARING STATEMENT OF CLAIMANT/EMPLOYER-CARRIER

FAILURE TO FILE A COMPLETED PREHEARING STATEMENT MAY RESULT IN DISMISSAL OF THE CLAIM OR OTHER SANCTIONS. NO HEARING WILL BE SET UNTIL A COMPLETED PREHEARING STATEMENT HAS BEEN FILED BY ALL PARTIES

I. Please list the contested issues (✓ all that apply):

- ___ 1. Whether a compensable injury occurred as alleged in the Petition to Controvert;
- ___ 2. The amount of claimant's average weekly wage on the date of injury;
- ___ 3. Existence/extent of temporary disability attributable to the injury;
- ___ 4. Existence/extent of permanent disability attributable to the injury;
- ___ 5. Reasonableness/necessity of certain medical treatment;
- ___ 6. Any other issues in dispute (please list):

II. Please list the stipulations (✓ all that apply):

- ___ 1. Average weekly wage of claimant on date of injury was \$ _____; (If average weekly wage not stipulated, employer/carrier must attach wage statement)
- ___ 2. Dates and amounts of disability benefits already paid:
 - Temporary total from _____ to _____ at \$ _____ per week;
 - Temporary partial from _____ to _____ at \$ _____ per week;
 - Permanent partial from _____ to _____ at \$ _____ per week;
 - Permanent total from _____ to _____ at \$ _____ per week;
- ___ 3. All medical services have been provided;

____ 4. Date of maximum medical improvement is _____;

____ 5. Other stipulations (please list):

III. Medical Reports (✓ all that apply):

____ 1. Current medical reports have been previously filed with the Commission and furnished to the opposing parties.

____ 2. Current medical reports are included by attachment to the Pre-Hearing Statement.

IV. Lay Witnesses:

Please provide the name and address of each lay witness who may be called by you to testify at the hearing, except those to be called solely for impeachment or rebuttal purposes:

V. Expert Witnesses:

Please provide the name and address of each expert witness whose opinion(s) may be used by you, and for each such witness state whether:

1. Opinion to be offered by affidavit and records which are attached to Pre-Hearing Statement, or were previously filed with the Commission on _____;
2. Opinion to be offered by deposition, transcript of which is attached to Pre-Hearing Statement or was previously filed with the Commission on _____;
3. Opinion to be offered by deposition which is noticed for _____ (a copy of the notice of deposition must be attached);
4. Expert witness will testify in person at the hearing.

THIS PREHEARING STATEMENT WILL NOT BE CONSIDERED COMPLETE UNLESS ALL AFFIDAVITS AND RECORDS, DEPOSITIONS OR NOTICES OF DEPOSITION, FOR EACH EXPERT WITNESS HAVE EITHER BEEN PREVIOUSLY FILED WITH THE COMMISSION OR ATTACHED TO THE PRE-HEARING STATEMENT

VI. Exhibits:

Please list all exhibits which may be offered by you, except those intended solely for impeachment or rebuttal, and for each such exhibit state whether it is attached to the Pre-Hearing Statement, or was previously filed with the Commission on _____.

VII. Settlement Negotiations (✓ one that applies):

- _____ 1. The parties have conducted serious settlement negotiations.
- _____ 2. The parties have not conducted serious settlement negotiations.
Please explain: _____

VIII. Length of Hearing:

The Administrative Judge should allot _____ hours for the hearing. (Be realistic and reasonable; consider all potential witnesses and the amount of time needed to effectively examine and cross-examine each, and any other issues to be addressed at the hearing)

IX. Discovery Responses (✓ one that applies):

- _____ 1. All discovery responses, including but not limited to claimant's most recent job search efforts and list of witnesses, have been timely supplemented as necessary.
- _____ 2. All discovery responses have not been timely supplemented as necessary.
Please explain: _____

X. Other Matters:

Please list any other matters which you feel may aid in or affect the disposition of this case:

Respectfully submitted, this the _____ day of _____, _____.

(signature)

Name of Attorney
Mississippi Bar Number
Address
Telephone/Fax/E-Mail

*****ATTACH CERTIFICATE OF SERVICE*****