

INDUSTRIAL ACCIDENT BOARD

PRE-TRIAL MEMORANDUM

CLAIMANT _____ I.A.B. NO. _____

EMPLOYER _____ CARRIER _____

1. Petition filed by: Claimant _____ ; Employer _____ ; Carrier _____

2. Type of petition:

To Determine Compensation Due _____

To Determine Additional Compensation Due _____

Total disability under Section 2324 _____

(a) Displaced Worker Status _____

Partial disability under Section 2325 _____

Permanent injury under Section 2326 _____

To Determine Disfigurement under Section 2326(f) _____

To Commute Compensation _____

To Review Compensation Agreement _____

Incapacity of employee has terminated _____

(a) Displaced Worker Status _____

Second Injury Fund under Section 2327 _____

To Determine Compensation Due To Dependents of Deceased Employee _____

3. Claimant also seeks:

Medical expenses _____

Transportation expenses _____

Medical witness fees _____

Attorney's fees _____

4. Date of accident: _____

Occupational Disease Manifestation Date: _____

Cumulative Detrimental Effect; Date of Disability: _____
(Usual Exertion Rule)

5. Is compensability admitted? _____

6. Nature of Injury: _____

7. Wages per week at time of accident: _____

Compensation Rate: _____

8. Number of hours of the Employer's usual work week: _____

Number of hours of the Employee's average work week: _____

9. Periods for which total disability benefits are sought under Section 2324:

From _____ to and including _____

From _____ to and including _____

From _____ and continuing until terminated or otherwise modified in accordance with the provisions of the Worker's Compensation Law of the State of Delaware.

10. Periods for which partial disability benefits are sought under Section 2325:

From _____ to and including _____

the claimant was employed by _____ at an average wage of _____ per week based upon a _____ hour work week.

From _____ to and including _____

the claimant was employed by _____ at an average wage of _____ per week based upon a _____ hour work week.

Since _____, the claimant has been employed by _____ at an average wage of _____ per week based upon a _____ hour work week.

11. If petition is to evaluate permanency, complete the following under Section 2326:

Doctor who evaluated claimant's permanent impairment:

Part of body evaluated _____ % impairment _____

Part of body evaluated _____ % impairment _____

Part of body evaluated _____ % impairment _____

Doctor who evaluated claimant's permanent impairment:

Part of body evaluated _____ % impairment _____

Part of body evaluated _____ % impairment _____

Part of body evaluated _____ % impairment _____

12. Employer/Carrier: Check any of the following which you intend to rely on as a defense to claimant's petition:

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

b. Although claimant was involved in an industrial accident, said accident did not arise out of or in the course of claimant's employment. _____

c. Claimant or someone in his behalf failed to give notice to the employer of the injury within 90 days after the accident. _____

- d. Claimant's injuries are not causally related to the accident. _____
- e. The period of total disability is not as alleged. _____
State, what if any, period of total is admitted:

- f. The period of partial disability is not as alleged. _____
State, what if any, period of partial disability is admitted:

- g. The percentage evaluation of permanency is not as alleged. _____
State, what if any, percentage of permanency is admitted:

- h. Claimant has refused to submit to an examination required by Section 2343 (a). _____
- i. Claimant was injured as a result of his intoxication. _____
- j. Claimant has not sustained a compensable disease within the meaning of the Worker's Compensation Law. _____
- k. The claim is barred by the statute of limitations. _____
- l. Claimant has a pre-existing condition. _____
- m. Displaced Worker Doctrine does not apply. _____
- n. Compensation Rate is disputed. _____
- o. Claimant has not sustained any cumulative detrimental effect which is compensable within the meaning of the Worker's Compensation Law. _____

13. Employer/Carrier: State any other defenses upon which you intend to rely:

- a.
- b.
- c.

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

- a.
- b.
- c.

15. Stipulations:

16. To be done prior to the hearing:

17. Expected witnesses:

Claimant

Employer/Carrier

*Pursuant to §2301 B (a)(4)
Party consents to a Hearing Officer*

*Pursuant to §2301 B (a)(4)
Party consents to a Hearing Officer*

Yes No

Yes No

Hearing time of claimant:

Hearing time of employer/carrier

Date and time for hearing: _____

ATTORNEY FOR CLAIMANT

ATTORNEY FOR EMPLOYER/ CARRIER

Dated: _____

Industrial Accident Board: _____