

**PRE-HEARING
STATEMENT ORDER -
EMPLOYER'S
APPLICATION**



JCN Number:

Virginia Workers' Compensation Commission
333 E FRANKLIN ST, RICHMOND, VA 23219
1-877-664-2566

www.workcomp.virginia.gov

Hearing Date:

Pursuant to Va. Workers' Comp. R. 1.11, the parties and/or their counsel are ORDERED to confer with each other, jointly complete this Pre-Hearing Statement, and file the same with the Commission no later than seven (7) days prior to the hearing scheduled in this matter. Should the parties be unable to confer after making reasonable efforts, each side is ORDERED to complete and file the same with the Commission no later than seven (7) days prior to the hearing scheduled in this matter. The parties are advised that failure to comply with this order may result in sanctions, including, but not limited to, continuance of the hearing, preclusion of positions not timely made, adverse evidentiary inferences, and/or exclusion of witnesses and evidence.

STATUS OF THE CASE:

The employer filed an application(s) for hearing on:

Compensation was paid through this date: _____ at this rate \$ _____
based on a pre-injury average weekly wage of \$ _____ and a compensation rate of \$ _____

Date of most recent award: _____

THE EMPLOYER IS SEEKING THE FOLLOWING:

Termination of the outstanding award effective this date: _____

Suspension of the outstanding award effective this date: _____

Change of an outstanding award for temporary total disability to temporary partial disability
effective this date: _____ based on a post-injury average weekly wage of \$ _____
and a compensation rate of \$ _____

Credit in the amount of \$ _____ for the period beginning _____ through _____

Other: _____

EMPLOYER'S GROUNDS FOR THE RELIEF SOUGHT:

THE PARTIES CAN AGREE TO THE FOLLOWING FACTS:

CLAIMANT'S DEFENSES TO THE APPLICATION(S)/CONTESTED ISSUES:

WITNESSES FOR EMPLOYER:

WITNESSES FOR CLAIMANT:

REQUEST FOR POST-HEARING EVIDENCE	YES	NO
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Evidence Requested:		By Whom?
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Reason for Request:

I hereby certify that I am prepared to present evidence to support/defend the above-referenced application(s), discovery is complete and the record does not need to be left open for any purpose other than those set forth above.

Claimant _____ Date _____

Employer _____ Date _____

UEF/Other _____ Date _____