

**PRE-HEARING  
STATEMENT ORDER -  
CLAIMANT'S CLAIM FOR  
BENEFITS**



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.

**THE CLAIMANT IS CLAIMING THE FOLLOWING:**

Injury by Accident:                      Date of Injury:  
Body parts alleged to have been injured:  
  
Occupational Disease/Ordinary Disease of Life  
Disease alleged:  
Date of Communication:                      Communicated by:  
Attach any written communication of occupational disease/ordinary disease of life.  
  
Change in Condition: Identify nature of change in condition at issue:  
  
Other:

**THE CLAIMANT IS SEEKING THE FOLLOWING:**

Medical Benefits

List dates of all periods of temporary total disability benefits being claimed

to	to
to	to
to	to
to	to

List dates of all periods of temporary partial disability benefits being claimed

to	post injury aww \$	comp rate \$
to	post injury aww \$	comp rate \$
to	post injury aww \$	comp rate \$
to	post injury aww \$	comp rate \$

Permanent partial disability beginning

Body part:

% rating:                      - attach report

Date of maximum medical improvement:                      - attach report

**AVERAGE WEEKLY WAGE:**

The parties agree that the average weekly wage is \$

The parties do not agree to average weekly wage:

Claimant's figure: \$                      Employer's Figure \$

(Per Rule 1.8 (J) attach Form 7(A) wage chart)

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**THE PARTIES CAN AGREE TO THE FOLLOWING FACTS:**

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**EMPLOYER'S DEFENSES TO THE CLAIM(S)/CONTESTED ISSUES:**

No injury by accident arising out of employment in the course of employment  
No causal connection between: injury and medical treatment injury and disability  
No occupational disease and/or compensable ordinary disease of life  
No causal connection between: disease and medical treatment disease and disability  
Claimant not disabled or impaired to extent alleged Medical Records do not support period of disability alleged  
Failure to market remaining work capacity  
Unauthorized medical treatment. Authorized treating physician is  
Refusal of selective employment on  
Terminated for cause on  
Jurisdiction: less than 3 employees independent contractor res judicata other  
Claimant not an employee  
Failure to provide timely notice of injury  
Statute of Limitations: Code § 65.2-  
90 Day Rule  
Willful misconduct (Code § 65.2-306). Notice filed with Commission per Rule 1.10 on  
Other

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**WITNESSES FOR CLAIMANT:**

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**WITNESSES FOR EMPLOYER:**

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**REQUEST FOR POST-HEARING EVIDENCE**

YES NO

Evidence Requested:

By Whom?

Reason for Request:

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**I hereby certify that I am prepared to present evidence to support/defend the above-referenced claim(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 \_\_\_\_\_ 31 \_\_\_\_\_ Date \_\_\_\_\_