

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 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 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 Employer's usual work week: _____

Number of hours of the Employer'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 provisions of 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 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, and 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
Worker's Compensation Law. _____
- k. The Claim is barred by the statute of limitations. _____
- l. Claimant has pre-existing condition. _____
- m. Displaced Worker Doctrine does not apply. _____
- n. Compensation Rate is disputed. _____
- o. Claimant has not sustained a 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 (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:
