



The Commonwealth of Massachusetts
Department of Industrial Accidents

Lafayette City Center, 2 Avenue de Lafayette, Boston MA 02111-1750
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www.mass.gov/dia

AGREEMENT THAT NO IMPARTIAL
PHYSICIAN REPORT IS REQUIRED

THIS FORM MUST BE SUBMITTED TO THE ADMINISTRATIVE JUDGE IN A TIMELY FASHION.

Please Print or Type

EMPLOYEE _____ BOARD NUMBER _____

Pursuant to 452 C.M.R. 1.10 the parties make the following agreement under the subsection identified below:

- (5) _____ The disputed matter concerns a §7A and/or death case.
(5) _____ Dispute over entitlements of prior disability benefits.
(6) _____ Agreement upon partial disability and causal relationship.
(7) _____ Agreement that initial liability has not been established.

PARTIES: _____

Pursuant to 452 C.M.R. 1.11(1)(d) at the discretion of the administrative judge at the hearing, the parties have been allowed to make the agreements indicated above.

ADMINISTRATIVE JUDGE _____

----- FOR INTERNAL USE ONLY -----

Impartial Exam Date _____ Fee Date _____

Docketing Unit Processed By _____ Date _____

Impartial Unit Processed By _____ Date _____