



CONFERENCE MEMORANDUM

THIS CONFERENCE MEMORANDUM COVER SHEET, SIGNED BY COUNSEL SHALL BE FILED WITH THE ADMINISTRATIVE JUDGE AT THE START OF THE CONFERENCE.

C A S E I N F O R M A T I O N	1. Date (mm/dd/yyyy):		2. List Multiple DIA Board Numbers If Necessary:	
	3. Claimant's Name & Address (No., Street, City, State & Zip Code):			
	4. Name, Address & Email Address of Claimant's Attorney:			
	5. Insurance Carrier's Name & Address:		6. Name, Address & Email Address of Insurer's Attorney:	
7. Employer's Name, Address & Email Address:		8. Name, Address & Email Address of Employer's Attorney:		
E M P L O Y E & I N J U R Y	9. Date of Injury (mm/dd/yyyy):	10. Nature & Cause of Injury:	11. Average Weekly Wage:	12. No. of Dependents:
	13. Has Any Compensation Been Paid: Yes <input type="checkbox"/> No <input type="checkbox"/> Accepted Liability <input type="checkbox"/> Pay Without Prejudice <input type="checkbox"/>			
	14. If Yes for #13 Please State Period and Type: From ___/___/___ To ___/___/___ Under \$ _____ at \$ _____; and From ___/___/___ To ___/___/___ Under \$ _____ at \$ _____			
I S S U E S I N D I S P U T E	15. Claims for Compensation:			
	Total Incapacity Under \$ _____ From ___/___/___ To ___/___/___ at \$ _____ per week; AND/OR Partial Incapacity Under \$ _____ From ___/___/___ To ___/___/___ at \$ _____ per week			
	§ 36 Benefits _____		OTHER (specify) _____	
16. Issues in Dispute (Check all that apply):				
Liability Average Weekly Wage Disability Extent Causal Relationship to Work				
Fraud <input type="checkbox"/> (explain) _____ §14 (1) <input type="checkbox"/> §14 (2) <input type="checkbox"/>				
OTHER (specify) _____				
Attorney Fee Issues _____				

Medical documents for the Impartial Physician:

I certify that all medical documents (PDF, bookmarked, and text recognized) to be sent to the Impartial Physician have been uploaded via CMS **on or before the date** of the scheduled Conference proceeding.

If hypothetical questions are submitted, they must be uploaded separately via CMS

Non-medical documents:

I certify that all non-medical documents (PDF, bookmarked and text recognized) have been uploaded via CMS **on or before the date** of the scheduled Conference proceeding.

PURSUANT TO 452 C.M.R. 1.10(2), COMPLETE THE FOLLOWING:

Medical Issue(s) in Dispute: _____

Medical Specialty of the Impartial Physician: _____

If there is agreement, name of the Impartial Physician: _____

Injured Body Part(s): _____

If an Impartial is not needed, a separate Form 121A must be filed at Conference.

I certify the above to be complete and accurate:

Employee's Attorney Signature: _____

Print Name: _____

Insurer's Attorney Signature: _____

Print Name: _____

For Department Use Only

Disposition Order: _____

From: _____ To _____

From: _____ To _____

Attorney's Fee: _____

Notes: _____
