FORM 161

The Commonwealth of Massachusetts Department of Industrial Accidents ette City Center, 2 Avenue de Lafayette, Boston, MA 0211

Lafayette City Center, 2 Avenue de Lafayette, Boston, MA 02111-1750 Info. Line (800) 323-3249 Inside Mass. / (857) 321-7470 Outside Mass. www.mass.gov/dia

EMPLOYEE'S HEARING MEMORANDUM

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DIA Board #

TO BE COMPLETED BY COUNSEL FOR THE EMPLOYEE PRIOR TO HEARING

DATE:					
EMPLOYEE	:				
COUNSEL F EMPLOYEE					
ADDRESS:				-	
DATE OF INJURY:					
CLAIMS:					
	1. Section 34 fro	om	to		
	2. Section 35 fro	om	to		
	3. Section 36 in the amount of \$				
	4. Section 13 and 30 in the amount of \$				
	5. Section 31 fro	om	to		
	or in the amou	unt of \$			
	6. Section 28 fro	om	_ to		
	or in the amou	unt of \$			
	7. Other:				
Request Permission to Depose:					
Dr					

ISSUES TO BE ADDRESSED AT HEARING:					
a. Stipulations of Fact:					
b. Witnesses at Hearing:					
5					
c. Exhibits to be Marked at Hearing:					
•					
d. Medical Reports [Under 452 CMR 1.11 (6)]:					
5.					
Medical Reports must be accompanied by the phys qualifications.	ician's curriculum vitae or stipulation of				
Will an Interpreter be Needed?:	Language to be Interpreted (if applicable):				
YES NO	Language to be Interpreted (if applicable):				
<i>NOTE: The party offering testimony by a witness interpreter at the time of hearing.</i>	who requires an interpreter must provide a certified				