



INSURER'S HEARING MEMORANDUM

TO BE COMPLETED BY COUNSEL FOR THE INSURER PRIOR TO HEARING

DATE: _____ BOARD #: _____

EMPLOYEE: _____

EMPLOYER: _____

INSURER: _____

DATE OF INJURY: _____

COUNSEL FOR INSURER: _____

ADDRESS: _____

COUNSEL FOR EMPLOYEE _____

ADDRESS: _____

ISSUES TO BE ADDRESSED AT HEARING (PLEASE CHECK ALL THAT APPLY):

- ☐ Liability, i.e., deny industrial injury
- ☐ Disability and extent thereof
- ☐ Causal relationship
- ☐ Deny entitlement to §36 benefits
- ☐ Deny entitlement to §13 & §30 benefits
- ☐ Proper notice
- ☐ Proper claim
- ☐ Deny serious & willful misconduct
- ☐ Other _____

Request Permission to Depose:

Dr. _____

ISSUES TO BE ADDRESSED AT HEARING:

a. Stipulations of Fact: _____

b. Witnesses at Hearing:

1. _____
2. _____
3. _____
4. _____
5. _____

c. Exhibits to be Marked at Hearing:

1. _____
2. _____
3. _____
4. _____
5. _____

d. Medical Reports [Under 452 CMR 1.11 (6)]:

1. _____
2. _____
3. _____
4. _____
5. _____

Medical Reports must be accompanied by the physician's curriculum vitae or stipulation of qualifications.

Will an Interpreter be Needed?:

YES ☐ NO ☐

Language to be Interpreted (if applicable):

NOTE: The party offering testimony by a witness who requires an interpreter must provide a certified interpreter at the time of hearing.