

GOVERNMENT OF THE DISTRICT OF COLUMBIA

Department of Employment Services



**ADMINISTRATIVE HEARINGS DIVISION
STIPULATION FORM**

CASE NAME: _____

AHD NO.: _____

ADMINISTRATIVE LAW JUDGE: _____

	CONTESTED	STIPULATED	NOT APPLICABLE
Employer/Employee Relationship-§32-1501	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jurisdiction-§32-1503	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accidental Injury/Occupational Disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Injury or Onset _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arising out of and in the Course/Causal Relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Causal Relationship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Body Parts:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Average Weekly Wage-§32-1511	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
\$_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timely Notice of Injury-§32-1513	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timely Claim-§32-1514	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penalties/Timely Controversion-§32-1515	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nature and Extent of Disability -§32-1508	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unreasonable Failure to Cooperate-§32-1507	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voluntary Limitation of Income-§32-1508	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Penalties-Unreasonable Delay/Costs-§32-1528	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retaliatory Discharge-§32-1542	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reasonableness and necessity of medical treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Contested Issues:	<input type="text"/>		

Additional Information on the Issues Listed Above:	<input type="text"/>		

Claim for Relief:	FROM	TO	Present & Cont.
Temporary Total Disability (TTD): TTD Period 1			
TTD Period 2			
TTD Period 3			
Temporary Partial Disability (TPD): Period 1			
TPD Period 2			
TPD Period 3			
Permanent Partial Disability (Wage Loss) Amount: \$ _____			
Permanent Total Disability			
Other Wage Loss Claims:			
Additional Information on Wage Loss Claims:			
Other Specified Claims on AFH:			

Claim for Schedule Award (PPD)		
Max. Med. Improvement:		
Body Parts:		At %
	Body Part 1:	
	Body Part 2:	
	Body Part 3:	
Add'l Information on Scheduled Loss Claims:		
Requested Medical Benefits:		
Modification §32-1524 of Compensation Order dated:		
Interest:		
Penalties:		
Other Claims:		
Additional Information on these claims:		

Voluntary & Ordered Payments of Compensation:	FROM	TO	Present & Cont.
Temporary Total Disability (TTD): Period 1			
TTD Period 2			
TTD Period 3			
Temporary Partial Disability (TPD): TPD Period 1			
TPD Period 2			
TPD Period 3			
Permanent Partial Disability (Wage Loss) Amount: \$ _____			
Permanent Total Disability—From Maximum Medical Improvement Date			
Additional Information on Voluntary & Ordered Payments of Compensation:			