

PRETRIAL STIPULATIONS (K.A.R. 51-3-8)

K-WC 139 (Rev. 11-16)

Re: _____ Clmt Atty: _____

vs: _____ Resp Atty: _____

and: _____ Fund Atty: _____

Docket No.: _____ Date of Hearing: _____

Notice of Hearing Objections? Form? _____ Service? _____

Questions to Claimant:

1. In what county is it claimed that claimant met with personal injury by accident or repetitive trauma? _____
Do the parties stipulate that the regular hearing may be conducted in the county in which it is scheduled to be held?
 YES NO (OR: The parties stipulate that the hearing may be held in _____ county.)
2. Upon what date(s) is it claimed that claimant met with personal injury:
a) By accident? _____
b) By repetitive trauma? _____

Questions to Respondent:

1. Does respondent admit that claimant met with personal injury by accident on the date alleged? Admitted Denied
2. Does respondent admit that claimant met with personal injury by repetitive trauma on the date alleged? Admitted Denied
3. Does respondent admit that claimant's alleged personal injury "arose out of and in the course of" claimant's employment? Admitted Denied
4. Does respondent admit proper notice? Admitted Denied
5. Does respondent admit that the relationship of employer and employee existed on the date(s) of the alleged accident or repetitive trauma? Admitted Denied
6. Does respondent admit that the parties are covered by the Kansas Workers Compensation Act? Admitted Denied
7. Did respondent have an insurance carrier on the date(s) of the alleged accident or repetitive trauma? YES NO
If YES, name of company: _____
Was the respondent self-insured? YES NO A member of a group-funded pool? YES NO
8. Does respondent admit that the accident or repetitive trauma was the prevailing factor causing the injury, the medical condition, need for treatment and the resulting disability or impairment? Admitted Denied

Questions to Both Parties:

1. Is there an agreement on the average weekly wage? YES NO If YES, amount: \$ _____

If no agreement, then parties are expected to provide me with this information within 30 days of this date. If not received within that time, the respondent will be bound by claimant's testimony.

2. Has any compensation been paid? YES NO

If YES: Temporary Total

Temporary Partial

Total amount: \$ _____

Total amount: \$ _____

Number of weeks: _____

Number of weeks: _____

Dates: _____

Dates: _____

Rate: _____

Rate: _____

Agreed: YES NO

3. What are the additional dates of temporary total disability, if any are claimed? _____

4. a) Has any medical or hospital treatment been furnished? YES NO

b) What medical and hospital expenses have been paid? Total amount: \$ _____
(Read into record amount paid and to whom paid)

c) Is claimant making claim for any future medical treatment? YES NO

5. Has claimant incurred any medical or hospital expense for which reimbursement is claimed?

Bills: YES NO Amount: \$ _____
(Read into record or submit by letter within 30 days)

Mileage: YES NO Amount: \$ _____
(Read into record or submit by letter within 30 days)

Unauthorized Medical: YES NO Amount: \$ _____

6. Are either nature or extent of disability an issue? YES NO

If NO, what are the nature and extent of the disability? _____

7. Is the Workers' Compensation Fund to be impleaded as an additional party? YES NO

Fund's liability? _____

8. Is there an agreement upon a functional impairment rating? YES NO If YES, rating: _____
If NO, what ratings are available?

9. What evidence is scheduled by the claimant? _____

10. By the respondent? _____

Terminal Dates

Claimant: _____ Respondent: _____ Fund: _____