

NOTICE OF WORKERS COMPENSATION HEARINGState of New York
WORKERS' COMPENSATION BOARD

PLACE OF HEARING Workers Compensation Board 100 Broadway-Mid City Plaza Menands, NY 12241	Part 1	Date of Hearing 11/08/2000	Time 10:00 AM	District Office Albany
		WCB Case No. 99999999	Date of Accident 02/10/2000	Social Security No. 123-45-6789
		Carrier ID No. W999999	Carrier Case No. 999999	CLAIMANT Davey Jones

XYZ Insurance Company
 1 Main St
 Albany, NY 12345

130 Hudson Ave
 ALBANY, NY 12170

EMPLOYER XYZ Finance
 PO Box Y
 Hudson Falls, NY 12839

PURPOSE OF HEARING:

Question of rate of compensation and/or average weekly wage. If you have not already done so, it is necessary for you to provide the board with the most recent and up-to-date medical report from your treating doctor describing your present condition.

EVIDENCE TO BE PRODUCED:

By Claimant: Claimant to be present or case closed.

By Employer Or Carrier: Produce payroll of similar worker.

IMPORTANT INFORMATION FOR THE CLAIMANT:

In a compensable workers' compensation case, bills for related medical treatment are the responsibility of your own employer or its workers' compensation insurance carrier. If you have used a private health insurance policy (Blue Cross, Blue Shield, G.H.I., H.I.P., or other) for payment of any bills in your workers' compensation case, please advise the private health insurer immediately.

In order to be reimbursed for any payments or co-payments you may have made for treatment or services which are the responsibility of the workers' compensation insurance carrier, you must tell the judge at this hearing about this payment.

Dated: 11/10/2000

EC-16 (6/99) 1
 (2)10392867-6667

**THE BOARD EMPLOYS AND SERVES PEOPLE WITH DISABILITIES WITHOUT
 DISCRIMINATION AND ASSURES HEARING LOCATIONS ACCESSIBLE
 TO THE DISABLED. CONTACT THE NEAREST BOARD OFFICE
 IF YOU HAVE SPECIAL ACCESSIBILITY NEEDS.**

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IMPORTANT CLAIMANT INFORMATION

FOR ALL HEARINGS

To obtain an early decision in your claim you must appear at this hearing and furnish the information and the evidence, if any, asked for in this notice, otherwise, the W.C. Law Judge may make his or her decision based on the evidence in the file.

The W.C. Law Judge will assist you to bring out all the facts of your case but (s)he cannot produce your witness or proof.

If you are represented by a lawyer or licensed representative you should let him or her know you have received this notice.

Do not pay anything to anyone representing you. If you engage a lawyer or licensed representative, the fee will be fixed by a W.C. Law Judge. The fee will be deducted from your award and paid by separate check directly to the lawyer or licensed representative by the employer or the insurance carrier.

The W.C.B. Case Number shown on the front of this notice has been assigned to our claim case file containing information about your claim.

Please give the W.C.B. Case Number to the doctor who is attending you and ask the doctor to include this number on all medical reports regarding your claim.

IF YOU NOW RESIDE AT AN ADDRESS DIFFERENT FROM THAT SHOWN ON THIS NOTICE, YOU SHOULD NOTIFY THE WORKERS' COMPENSATION BOARD AS SOON AS POSSIBLE.

If you have incurred any incidental expenses for medicine, drugs or transportation in connection with this case or if you have received (or already paid) any medical bills in connection with this case or of any of the bills for your treatment were paid by your private health insurer, such as Blue Cross, **bring any receipts or bills pertaining to these expenses with you to the hearing and give them to the W.C. Law Judge.** It is suggested that you retain a copy for your records. Under the law, all necessary medical expenses related to your compensable injury or illness are the responsibility of the employer or its insurance company. If you use private health insurer, your premiums may be raised.

If you cannot appear on the assigned hearing date or do not intend to appear, write your reasons below including, if necessary, your new address and return this notice to the District Office of the Workers' Compensation Board where your claim is filled. (See district Office address below.)

Claimant Should Sign Here

SPECIAL INSTRUCTIONS: The following information applies only if NOTICE OF PRELIMINARY HEARING appears on the front of this form.

Carrier is contending, through report filed with the Board and copy sent to the claimant, either that it is not required to make payments in this case, or that its obligation is less than the amount being claimed. In order to set a date for Trial Hearing on any issues that remain unsettled, a Preliminary Hearing will be held at the time and place stated on the front of this notice.

Both claimant and carrier are to be present, prepared to furnish in full detail all of the following information:

1. Nature of the disputed issues and of the evidence that will be produced at the Trial Hearing.
2. Names and addresses or other identification of all witnesses on whose testimony the parties will rely for proofs, including both doctors and lay witnesses, and brief statement of evidence each is expected to give.
3. A day and hour when all witnesses and the parties can attend for Trial Hearing.
4. The time each party will require to present testimony and to cross-examine witnesses of the opposing party.

At the Preliminary Hearing the W.C. Law Judge will make findings on all issues not in dispute, or as to which dispute is withdrawn, and will then fix a day and hour for Trial Hearing and estimate the time to be allowed for taking all testimony.

FOR VOLUNTEER FIREFIGHTERS' AND VOLUNTEER AMBULANCE WORKERS' BENEFIT CASES

In these cases, the liable political subdivision is deemed to be the "Employer" of the volunteer firefighter or volunteer ambulance worker.

HEARINGS WILL NOT BE HELD ON SUNDAYS OR LEGAL HOLIDAYS.

You may call at our Office for advice on your claim.

ATENCION

Si no sabe leer ingles, puede llamar a nuestra oficina de informacion (vea la lista de oficinas abajo de esta pagina) y pida informes acerca de su reclamacion.

**ALL INQUIRIES AND REPORTS REGARDING YOUR CLAIM SHOULD INCLUDE THE
W.C.B. CASE NUMBER SHOWN ON THE FRONT OF THIS NOTICE**

WORKERS' COMPENSATION BOARD DISTRICT OFFICES ARE LOCATED AT:

100 Broadway Menands ALBANY 12241	State Office Building 44 Hawley Street BINGHAMTON 13901	State Office Building 107 Delaware Ave BUFFALO 14202	455 Wheeler Rd. (Route 111) HAUPPAUGE 11787	175 Fulton Avenue HEMPSTEAD 11550
180 Livingston Street Brooklyn NEW YORK CITY 11248	41 N. Division Street PEEKSKILL 10566	130 Main Street W. ROCHESTER 14614	935 James Street SYRACUSE 13203	