Before the
WORKERS' COMPENSATION BOARD
State of Oregon

In the Matter of the Compensation of ***** RESPONSE TO ISSUES *****

Claimant's Name: _____ WCB Case No: _____

Claim No: _____ Assigned ALJ: _____

Date of Injury: _____ Hearing Date: _____

In response to the issues raised by claimant, the insurer or self-insured employer:

	ADMITS	DENIES	
(ABX)	☐	☐	That claimant has a compensable injury/disease or new/omitted condition
(Z)	☐	☐	That the notice of acceptance is inaccurate
(V)	☐	☐	That claimant has cooperated with the claim investigation
(K)	☐	☐	That claimant sustained an aggravation
(L)	☐	☐	That the employer is responsible
(C)	☐	☐	That claimant is entitled to medical services

Denial Date: _____

(M)	☐	☐	That the parties are subject to the Workers' Compensation Act
(OD)	☐	☐	That claimant is entitled to temporary disability benefits
(R)	☐	☐	That temporary disability benefits were paid at an incorrect rate
(F)	☐	☐	That claimant is entitled to supplemental temporary disability benefits

(Y)	☐	☐	That the claim should be classified as disabling
(I)	☐	☐	That the claim was prematurely closed
(E)	☐	☐	That claimant is entitled to additional temporary disability benefits
(HG)	☐	☐	That claimant is entitled to additional permanent disability benefits

Reconsideration Order Date: _____

(Q)	☐	☐	Other (explain and cite ORS) _____
(P)	☐	☐	That the Director's Order should be affirmed (date) _____
(S)	☐	☐	That claimant is entitled to a penalty (cite ORS) _____
(T)	☐	☐	That claimant is entitled to an attorney fee (cite ORS) _____
(W)	☐	☐	That claimant is entitled to costs

The insurer or self-insured employer hereby cross-appeals and contends:

☐ That the award of temporary disability benefits is excessive

☐ That the award of permanent disability benefits is excessive

INTERPRETER WILL BE NEEDED. ☐ Yes ☐ No **LANGUAGE** _____

Notice to Opposing Party:

The responding party demands copies of all medical reports and all other documents pertaining to this claim regardless of whether the requesting party intends to rely on them at hearing.

By: _____ Date: _____

OSB No.: _____ Client: _____

(REV 5/2016)