

**DISTRICT OF COLUMBIA GOVERNMENT
DEPARTMENT OF EMPLOYMENT SERVICES
OFFICE OF WORKERS' COMPENSATION
P.O. BOX 56098
WASHINGTON, D.C. 20011**

MEMORANDUM OF INFORMAL CONFERENCE

CLAIMANT: _____	
EMPLOYER: _____	
INSURANCE CARRIER: _____	
Date Informal Conference Requested	Date Conference Scheduled
Date of Conference (Month/Day/Year)	Date of Injury (Month/Day/Year)
NATURE OF INJURY:	
APPEARANCES: <input type="checkbox"/> Claimant present <input type="checkbox"/> Claimant not present	
For Claimant _____, for Employer/Carrier _____	
Issue(s) in Dispute: _____	

Prior conferences were held on _____	
The employer/carrier have paid compensation for this injury in the amount of \$ _____ for the following periods: _____	
Employee's Claim:	
Employer/Carrier's Position:	
Average Weekly Wage \$ _____	Compensation rate:
<input type="checkbox"/> As stipulated by parties	<input type="checkbox"/> AS recommended by examiner
UPON DISCUSSION OF THE ISSUES INVOLVED, TOGETHER WITH DUE CONSIDERATION TO ALL INFORMATION IN THE ADMINISTRATIVE FILE, THE FOLLOWING RECOMMENDATION IS MADE.	
<u>RECOMMENDATION</u>	
<u>ATTORNEY'S FEE:</u>	
<input type="checkbox"/> Fee approved pending acceptance of Recommendation	
<input type="checkbox"/> Fee Waived	
<u>ACTION BY EMPLOYER/CARRIER OR CLAIMANT</u>	
The insurance carrier or self-insured is to submit Form 9 DCWC, showing compliance with the above recommendation. Upon completion of payment, a final Form 15 DCWC is to be submitted. To avoid statutory penalties all required forms should be sent to this office promptly and within 14 days as required by the Act. In the event of non-compliance with this recommendation, an aggrieved party may appeal for a formal hearing to be scheduled by completing Form No. 20 DCWC, Application for Formal Hearing.	

(Claims Examiner)

(Date)