

State of Connecticut
Workers' Compensation Commission
STIPULATION QUESTIONNAIRE

Claimant _____ v. Respondent _____

The following information will be necessary for approval of the stipulation. Please include information regarding all relevant injuries.

1. Is this an accepted claim? _____ Was a Voluntary Agreement approved? _____
2. What is the nature of the injury? _____
3. What is the claimant's base compensation rate? _____
4. Has the treating physician concluded treatment? _____ Attach last report.
5. Has the claimant been rated for permanent partial disability? _____ By whom? _____
What is the rating? _____
6. Has the PPD been paid? _____ Partially or in full? _____
7. Have all medical bills been paid to date? _____
8. Does the claimant have any outstanding 290a claims against this employer? _____
9. **Does this claim have a pending appeal before the CRB?** _____ **If so, does the stipulation resolve all issues on appeal?** _____
10. Are there any outstanding liens? _____
11. Does the claimant have health insurance? _____
12. Has the claimant applied for, or are they receiving, Social Security Disability or Social Security Supplemental Income? _____
13. Is there a Medicare Set-Aside? _____ If so, is it **self- or third-party administered?** _____
14. Attorney's fee _____ Outstanding costs _____
15. For the purposes of Rehabilitation Services:
Is the claimant working? _____ If yes, who is the employer _____
Job title _____ F.T./P.T. _____ Salary (optional) _____

Administrative Law Judge
District ____

Signature of person completing questionnaire

Print Name and Company