



Department of Commerce

WORKERS' COMPENSATION COMMISSION
COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS
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PRE-HEARING STATEMENT

This form is being furnished pursuant to NMIAC Section 100-50-1435 of the WCC Rules and Regulations. You must properly complete and return this form to the Administrator within 21 days after receipt. Failure to return this form can cause a delay in the preparation of the case for formal hearing.

1. Name of Employee (Last, First, MI):	2. SS. No.
3. Name address and telephone no. of party on whose behalf this form is submitted:	4. Name, address and telephone no. of the party's representative, (if any):
5. State briefly the facts of the claim:	
6. State the issues on which the parties have reached agreement:	
7. State the issues you will present for resolution at formal hearing:	
8. List names of witnesses who will testify on your behalf. Also, list reports that are to be submitted in lieu of live testimony: <i>(Use separate sheet, if necessary)</i>	
9. List exhibits you intend to submit at the formal hearing. (Use separate sheet if necessary). if you wish, you may submit the exhibits with this form.	
10. Estimate the total hours needed for your witnesses to testify:	11. If an interpreter is needed, state language:

NOTE: Any other matter pertinent to scheduling should be explained on a separate sheet attached to this form:

12. Type or print name of person completing this form:	13. Signature	14. Date
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