

**SUPREME COURT OF APPEALS OF WEST VIRGINIA  
WORKERS' COMPENSATION DOCKETING STATEMENT**

Petitioner: \_\_\_\_\_ Respondent: \_\_\_\_\_

Counsel: \_\_\_\_\_ Counsel: \_\_\_\_\_

Claim No.: \_\_\_\_\_ Workers' Compensation Appeal Board No.: \_\_\_\_\_

Date of Injury/Last Exposure: \_\_\_\_\_ Date Claim Filed: \_\_\_\_\_

Date(s) of Workers' Compensation Division Order(s): \_\_\_\_\_

Date of Office of Judges Order: \_\_\_\_\_

Date of Workers' Compensation Appeal Board Order Appealed from: \_\_\_\_\_

**CLAIMANT INFORMATION:**

Claimant's Name: \_\_\_\_\_

Nature of Injury: \_\_\_\_\_

Age: \_\_\_\_\_ Education (highest): \_\_\_\_\_

Occupation: \_\_\_\_\_ No. of Years: \_\_\_\_\_

Date of Last Employment: \_\_\_\_\_

Other Claim Nos.: \_\_\_\_\_ Status: \_\_\_\_\_  
(Attach a separate sheet if necessary)

Are there any related petitions currently pending before the Supreme Court?  Yes  No  
(If yes, cite the case name and the manner in which it is related on a separate sheet.)

Are there any other petitions related to this claimant which have been decided by the Supreme Court?  Yes  No  
(If yes, cite the case name, docket number, decision, and the manner in which it is related on a separate sheet.)

Type of issue:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> ITD (Temporary Total Disability) | <input type="checkbox"/> PPD (Permanent Partial Disability) | <input type="checkbox"/> PTD (Permanent Total Disability) |
| <input type="checkbox"/> Medical Benefits                 | <input type="checkbox"/> Occupational Pneumoconiosis        | <input type="checkbox"/> Occupational Hearing Loss        |
| <input type="checkbox"/> Occupational Disease             | <input type="checkbox"/> Death or Widow Benefits            | <input type="checkbox"/> Other                            |

**FOR SUPREME COURT USE ONLY**

**SUPERVISING JUSTICE'S VOTE**

I vote: GRANT [ ] REFUSE [ ] ORAL PRESENTATION [ ]

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments:

**FOR SUPREME COURT USE ONLY**

**REVIEWING JUSTICE'S VOTE**

I vote: GRANT [ ] REFUSE [ ] ORAL PRESENTATION [ ]

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: