**STATE OF MAINE**

**WORKERS’ COMPENSATION BOARD**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrative Law Judge

 WCB#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee

v.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer

**REQUEST FOR IN-PERSON HEARING**

1. The above-captioned case has been scheduled for a remote hearing to be held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_ o’clock.
2. The undersigned requests that part or all of the testimonial hearing be held in-person.

[Please list all witnesses that will testify and identify which witnesses you want to

testify in person. Indicate in 15-minute increments the total amount of time needed to

present direct and cross examination of each witness. Please note that the party

who calls a witness is responsible for conferring with opposing counsel about the

amount of time needed to present testimony for that witness. If more space is required

for this information, please use a separate page.]

Name of Witness In-person / Remote Time

1. I have conferred with counsel for the opposing party(ies) about this motion for in-person hearing.
2. The opposing party(ies) DOES / DOES NOT object to this request for in-person hearing.
3. The opposing party(ies) DOES / DOES NOT concur with the manner and time of presenting witnesses.
4. I DO / DO NOT request a conference of counsel to discuss the scheduling and conduct of the hearing that will be held in this case.

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Counsel/Unrepresented Party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name, Address, Email Address and Telephone:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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