

IN RE: JANE P. DOE
CLAIM NO: AA-01234
DOCKET NO: 15 67890

JURISDICTIONAL HISTORY

Please review this document.

- This is a summary of actions relating to this appeal and does not include every action taken by the Department.
- Have it available at your conference.
- The judge will ask you if there are any errors in this document.
- The judge will ask you to [agree](#) the Board may use this document to show our authority to hear this appeal (jurisdiction).

DATE DOC/ ACTION	DOCUMENT NAME: ACTION/RESULT
2/1/10	Application for Benefits: Date of Injury 1/31/10, Low Back, Neck - ACME Building Ltd.
2/5/10	Department Order: This claim for the industrial injury that occurred on 1/31/10, while working for ACME Building Ltd. is allowed. The worker is entitled to receive medical treatment and other benefits as appropriate under the industrial insurance laws. (Determinative)
3/15/10	Department Order: Time Loss Compensation benefits paid from 2/4/10 through 3/12/10. Rate is based on date of injury of 1/31/10; married; 2 children; monthly wage from all employment on 1/31/10 of \$2200.00. (Temporary)
7/13/10	Request for Reconsideration: Claimant (Smith, Attorney) Any adverse orders (none identified)
9/15/14	Application to Reopen Claim

- 11/12/14 **Department Order:** The DLI received an application to reopen this claim. The medical evidence shows that the condition caused by your injury have not worsened since your final claim closure. The application to reopen your claim is denied and the claim will remain closed.
- 1/9/15 **Request for Reconsideration:** Claimant (Johnson, Lay Representative)
Department order 11/12/14
- 1/13/15 **Department Order:** We are reconsidering the order(s) of 11/12/14, and will issue a new order after further review.
- 3/4/15 **Department Order:** Department order dated 11/12/14 is affirmed. (Appealable Only)
- 5/1/15 **Request for Reconsideration:** Claimant (Jones, Legal Representative)
Department order dated 3/4/15 (*filed electronically*)
- 5/5/15 **Notice of Appeal (15 15151):** Claimant (Jones, Legal Representative) Department order dated 3/4/15 (Received at the Department on 5/1/15 as a request for reconsideration and forwarded to the Board of Industrial Insurance Appeals as a Direct Appeal)
- 5/7/15 **Board Order Granting Appeal (15 15151):** This appeal is granted to Department order dated 3/4/15

Jurisdictional Stipulation

I certify that the parties have agreed to include this history in the Board record for jurisdictional purposes only.

As Amended

- Claimant _____
- Employer _____
- Department _____
- Other _____

Date of Stipulation

Location of Stipulation

Judge's Signature

FOR BOARD USE ONLY