

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

**JURISDICTIONAL HISTORY**

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**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).

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| DATE<br>DOC/<br>ACTION | DOCUMENT<br>NAME | ACTION/RESULT  |
|------------------------|------------------|--|
| 2/1/10                 | AB               | DOI 1/31/10, Low Back - ACME Building Ltd.   |
| 2/5/10                 | DO               | This claim for the industrial injury that occurred on 1/31/10, while working for ACME Bldg Ltd. is allowed. The worker is entitled to receive medical treatment and other benefits as appropriate under the industrial insurance laws. (DET) |
| 3/15/10                | DO               | TLC 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. (INT)  |
| 7/13/10                | P & RR           | Claimant (Smith, Atty) Any adverse orders (none identified)  |
| 9/15/14                | AA               |  |

|          |                      |  |
|----------|----------------------|--|
| 11/12/14 | DO                   | 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   | P & RR               | Claimant (Johnson, Lay Rep) DO 11/12/14  |
| 1/13/15  | DO                   | We are reconsidering the order(s) of 11/12/14, and will issue a new order after further review.  |
| 3/4/15   | DO                   | DO 11/12/14 is affirmed. (Appealable Only)   |
| 5/1/15   | P & RR               | Claimant (Jones, Legal Rep) DO 3/4/15 ( <i>filed electronically</i> )  |
| 5/5/15   | NA (15 15151)        | Claimant (Jones, Legal Rep) DO 3/4/15 (Received at DLI on 5/1/15 as a P & RR and forwarded to BIIA as a Direct Appeal)   |
| 5/7/15   | BD OGA<br>(15 15151) | DO 3/4/15  |

5/7/15 gmw

## INDUSTRIAL INSURANCE AND CRIME VICTIM ABBREVIATION CODES

|         |   |
|---------|---|
| (T)     | Subject to Proof of Timeliness                  |
| AA      | Aggravation Application                         |
| AB      | Application for Benefits                        |
| AP      | Attending Physician                             |
| BD O    | Board Order                                     |
| BD OGA  | Board Order Granting Appeal                     |
| BD ODA  | Board Order Denying Appeal or Dismissing Appeal |
| BIIA    | Board of Industrial Insurance Appeals           |
| CLMT    | Claimant  |
| DET     | Determinative                                   |
| DIF/MFP | Department Imaging Fiche/Microfiche Page        |
| DLI     | Department of Labor and Industries              |
| DO      | Department Order                                |
| DOI/OD  | Date of Injury/Occupational Disease             |
| EAR     | Employability Assessment Report                 |
| EROA    | Employer's Report of Accident                   |
| Ind Ins | Industrial Insurance                            |
| INT     | Interlocutory                                   |
| LEP     | Loss of Earning Power                           |
| NA      | Notice of Appeal                                |
| OAP     | Order on Agreement of Parties                   |
| ORION   | Electronic Claims Record from the Dept          |
| P & RR  | Protest & Request for Reconsideration           |
| PD & O  | Proposed Decision and Order                     |
| PFR     | Petition for Review                             |
| PPD     | Permanent Partial Disability                    |
| SIE     | Self-Insured Employer                           |
| SIO     | Self-Insured Employer Order                     |
| TLC     | Time-loss Compensation                          |
| VDRO    | Vocational Dispute Resolution Office            |

**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**