

**BEFORE THE BOARD OF INDUSTRIAL INSURANCE APPEALS
STATE OF WASHINGTON**

IN RE:

DOCKET NO.

Witness Confirmation Filed on Behalf of:

- | | |
|--|---|
| <input type="checkbox"/> Worker/Claimant | <input type="checkbox"/> Beneficiary |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Provider |
| <input type="checkbox"/> Department | <input type="checkbox"/> Retrospective Rating Group |

Witness Information - Hearings

Witness Name and Phone No. (if required)	Hearing Date	Witness Start Time	Interpreter Needed? (Specify Language)

Witness Information - Perpetuation Depositions (only if permitted by judge)

Witness Name	Deposition Date	Deposition Time	Deposition Location

Other information for judge:

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Did you schedule a witness to testify by telephone? Yes No

Provide the witness's phone number above.

Have all parties agreed to the witness testifying by telephone? Yes No

I certify that all of the witnesses listed above have been contacted and have agreed to appear on the date and times listed.
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Dated: _____ Print Name: _____

Signature: _____

WSBA No. (attorneys only): _____

A copy of this Witness Confirmation has been sent to: _____