

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

IN RE: _____) **DOCKET NO.** _____

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WITNESS CONFIRMATION

Witness Confirmation Filed on Behalf of:

- Worker/Claimant Beneficiary
 Employer Provider
 Retrospective Rating Group

Witness Information - Hearings

Witness Name	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:

Dated: _____ Print Name: _____

Signature: _____

WSBA# (attorneys only): _____