|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Witness List** | | | | | | | |
| In addition to any other medical providers who have examined or treated the Claimant for his injury, any witnesses listed by Respondent and witnesses to be named later, including, but not limited to, co-workers, and any witnesses necessary for impeachment or rebuttal, witnesses to be called at the hearing or by deposition are listed on the attached Witness List. When filed in conjunction with a Case Information Sheet, the Witness List will also indicate if a witness is an Expert Witness, is testifying by telephone or is traveling more than 100 miles to appear at the hearing by selecting the appropriate entry in the Type column. If none of these apply, select none. | | | | | | | |
|  |  | | |  |  | |  |
|  | Party Submitting: | | |  | WC #: | |  |
|  | | **Full Name** | **Address** | | | **Type** | |
| **1.** | |  |  | | | Choose an item. | |
| **2.** | |  |  | | | Choose an item. | |
| **3.** | |  |  | | | Choose an item. | |
| **4.** | |  |  | | | Choose an item. | |
| **5.** | |  |  | | | Choose an item. | |
| **6.** | |  |  | | | Choose an item. | |
| **7.** | |  |  | | | Choose an item. | |
| **8.** | |  |  | | | Choose an item. | |
| **9.** | |  |  | | | Choose an item. | |
| **10.** | |  |  | | | Choose an item. | |