BEFORE THE SONOMA COUNTY EMPLOYEES’ RETIREMENT BOARD

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| In the Matter of the Disability Retirement Appeal of: [STATE NAME OF APPLICANT] |  | **PRE-HEARING STATEMENT****OAH CASE NO.:** Hearing Date: Hearing Time:  |

1. **Statement of Issues and Contentions and Summary of Evidence to be Presented**

In this section, please state any of the following if applicable:

1. State which medical condition(s) you believe caused permanent incapacity and describe all supporting facts and evidence;
2. If you believe the condition(s) is(are) work related, describe all facts and evidence that you believe demonstrate that each condition is work related;
3. If you believe a legal presumption applies, please state which legal presumption applies and describe all supporting facts and evidence (disability retirement legal presumptions are available to safety members and they establish service connection for various conditions unless rebutted with other evidence);
4. List any other issues that you believe should be addressed at the hearing and describe facts and evidence in support of your position.
5. **List of Expert Reports, Depositions, and Other Documentary Evidence**

In this section, please list the evidence you intend to present at the hearing. This could include medical or employment records, doctor’s reports, statements from witnesses, deposition transcripts, or any other evidence that you believe is relevant to the hearing. If you have not done so already, please provide copies of the listed evidence to counsel for SCERA.

1. **List of Non-Expert Witnesses at Hearing**

In this section, please list all non-expert witnesses, if any, who you intend to have testify at the hearing and briefly describe each witness’ relationship to the applicant (i.e. spouse, friend, colleague, etc.)

1. **List of Expert Witnesses at Hearing**

In this section, please list all expert witnesses, if any, who you intend to have testify at the hearing and briefly describe each expert witness’ relationship to the applicant (i.e. treating doctor, etc.)

Dated:

Signature: