

COMMONWEALTH OF MASSACHUSETTS

_____, ss.

DEPARTMENT OF INDUSTRIAL ACCIDENTS

No. _____

Employee

Employer

Insurer

NOTICE OF TAKING DEPOSITION

TO:

Please take notice that upon the order of Administrative Law Judge _____ of the DEPARTMENT OF INDUSTRIAL ACCIDENTS, commencing at _____ on _____, 20____, at the offices of _____ the _____ in this action by the attorney will take deposition upon oral examination of _____ subject to Chapter 152 of the General Laws, Section 5, as amended, WORKER’S COMPENSATION LAW, before Darcy Schramm, Notary Public in and for the Commonwealth of Massachusetts, or before some other officer authorized by law to administer oaths. The oral examination will continue from day to day until completed. You are invited to attend and cross-examine.

Respectfully,

Address:

Telephone: _____

Attorney(s) for: _____

cc: Advanced Court Reporting, P.O. Box 181, Cohasset, MA 02025

CERTIFICATE OF SERVICE

I hereby certify that on _____, 20____, I served the above notice on the _____ in the above-entitled action by mailing a copy thereof, postage prepaid, to counsel of record _____.

Attorney (s) for:

Forms available at:



781-383-1188