



STATE OF MINNESOTA
OFFICE OF ADMINISTRATIVE HEARINGS
WORKERS' COMPENSATION DIVISION
(651) 361-7900

Mailing Address:
P.O. Box 64218
St. Paul, MN 55164-0218

WID No.
DOI

, Employee,
vs.
, Employer,
and
, Insurer.

CERTIFICATE OF READINESS
FOR TRIAL

I, _____, attorney for _____, hereby certify that all
issues have been joined, all discovery completed, all independent medical reports completed and
served, and the parties have seriously discussed settlement without success; and therefore, the case is
ready for trial.

If an interpreter is requested for a hearing, specify the language/dialect _____.

Set for _____ 1/2 day or set for _____ full day (if requesting full day attach a sheet listing
reasons.)

With this Certificate of Readiness, each party shall file a Pretrial Statement indicating what issues are in
dispute at trial; the witnesses that will be called; approximate time necessary to put in your evidence;
and, whether the case is or is not appropriate for a settlement conference.

I have discussed this matter with all opposing counsel and (check one):

_____ they are in agreement that the matter is ready for trial.

_____ they are not in agreement that this matter is ready for trial.

Dated this _____ day of _____ 20 ____.

By Counsel,

Phone () _____
Email: _____