

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 **RAYMOND F. CATUOGNO, SR.**, 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 No.:

Attorney(s) for

CC: Catuogno Court Reporting, One Monarch Place, Springfield, MA 01144-0600

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:

CATUOGNO & STEN-TEL
COURT REPORTING TRANSCRIPTION
TOLL FREE: 888.228.8646 FAX FREE: 877.747.4260



SPRINGFIELD
One Monarch Place
1414 Main Street
Springfield, MA 01144-0600

BOSTON
30 Rowes Wharf
Boston Harbor Hotel
Boston, MA 02110-3345

WORCESTER
446 Main Street
Worcester, MA 01608-2302

LAWRENCE
225 Essex Street
Lawrence, MA 01840-1553

PROVIDENCE
72 South Main Street
Providence, RI 02903-2907