



<p>In the Matter of the Disability Retirement Application of:</p> <p>_____ ,</p> <p style="text-align: center;">Applicant.</p>	<p>APPLICATION NO.: _____</p> <p>_____</p> <p style="text-align: center;">PROPOSED FINDINGS OF FACT AND RECOMMENDED DECISION</p>
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Date(s) of Hearing: _____
 Counsel for Applicant: _____
 Counsel for Board: _____

<p>Board's Prior Action Date _____</p>	<p><input type="checkbox"/> Deny SCD, Not Disabled <input type="checkbox"/> Deny SCD, Grant NSCD</p>
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		Yes	No
Proposed Finding:	Applicant is permanently incapacitated for the performance of applicant's duties.	<input type="checkbox"/>	<input type="checkbox"/>
	If Yes, the disability is service-connected.	<input type="checkbox"/>	<input type="checkbox"/>

Disability Effective Date _____
 (To be completed only if Board denies request for an earlier deemed filed date for the Application.)

Recommended Decision:

- Grant SCD
- Deny SCD, Grant NSCD
- Deny, Not Disabled

Date _____ Referee _____
 Address _____
 Telephone _____

See continuation sheets for listing of evidence and referee's discussion and analysis.

APPLICANT'S EXHIBITS OFFERED

ADMITTED INTO EVIDENCE

(check one)

	Yes	No
1.	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>
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10.	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>
13.	<input type="checkbox"/>	<input type="checkbox"/>
14.	<input type="checkbox"/>	<input type="checkbox"/>
15.	<input type="checkbox"/>	<input type="checkbox"/>

(Continued on Attachment)

BOARD'S EXHIBITS OFFERED

ADMITTED INTO EVIDENCE

(check one)

	Yes	No
A.	<input type="checkbox"/>	<input type="checkbox"/>
B.	<input type="checkbox"/>	<input type="checkbox"/>
C.	<input type="checkbox"/>	<input type="checkbox"/>
D.	<input type="checkbox"/>	<input type="checkbox"/>
E.	<input type="checkbox"/>	<input type="checkbox"/>
F.	<input type="checkbox"/>	<input type="checkbox"/>
G.	<input type="checkbox"/>	<input type="checkbox"/>
H.	<input type="checkbox"/>	<input type="checkbox"/>
I.	<input type="checkbox"/>	<input type="checkbox"/>
J.	<input type="checkbox"/>	<input type="checkbox"/>
K.	<input type="checkbox"/>	<input type="checkbox"/>
L.	<input type="checkbox"/>	<input type="checkbox"/>
M.	<input type="checkbox"/>	<input type="checkbox"/>
N.	<input type="checkbox"/>	<input type="checkbox"/>
O.	<input type="checkbox"/>	<input type="checkbox"/>

(Continued on Attachment)

1 SUMMARY OF TESTIMONY

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REFEREE'S DISCUSSION AND ANALYSIS

Application No.: _____

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propfind.ref