

**WORKERS' COMPENSATION COMMISSION
REQUEST FOR REVIEW OF PROPOSED JUDGMENT**

This form may be used to request a hearing to contest a proposed judgment of non-compliance pursuant to 85A O.S. §40.

Employer/Business Name: _____

Employer Address: _____

Contact Name: _____ Contact Phone: _____

Compliance Case #: _____

Issuance Date of Proposed Judgment: _____

REQUEST FOR REVIEW

1. On _____, _____ received notice of the issuance of a proposed judgment of noncompliance by the Workers' Compensation Commission in the above captioned case.

2. The employer contests the following issue(s):

THEREFORE, the appellant asks the Workers' Compensation Commission set the matter for hearing before an Administrative Law Judge to review the proposed judgment pursuant to 85A O.S. §40.

Signature

Dated: _____

MAIL OR RETURN FORM TO:

Workers' Compensation Commission
Attn: Commission Clerk
1915 North Stiles Avenue
Oklahoma City, OK 73105

Direct questions to the Workers' Compensation Counselor Division

(405) 522-5308 or In-State Toll Free (855) 291-3612

E-Mail: Counselors@wcc.ok.gov