CC-FORM-13

Send original to
Workers' Compensation Commission and 1 copy
to All Other Parties of Record

WORKERS COMPENSATION COMMISSION
1915 NORTH STILES AVENUE
OKLAHOMA CITY, OKLAHOMA 73105

THIS SPACE FOR COMMISSION USE ONLY

(Please type or print)

In re claim of:

Full Name of Claimant (Injured Employee)
Claimant's Social Security Number (LAST 4 DIGITS ONLY) XXX-XX-_____
Name of Employer or Respondent
Employer's Insurance Carrier, Permit # for Commission Approved Individual Self-Insured or Own Risk Group, Uninsured

REQUEST FOR PREHEARING CONFERENCE

COMMISSION FILE NO.
Date of Injury

NOTE: Mediation is available to help resolve certain workers' compensation disputes. For information, call (405) 522-5308 or In-State Toll Free (855) 291-3612.

1. A request is made for the captioned case to be set for Prehearing Conference at the earliest possible date to address the following issue(s):
   - ☐ a. Motion to Terminate Temporary Compensation.
   - ☐ b. Objection to Termination of Temporary Compensation.
   - ☐ c. Motion to Appoint an Independent Medical Examiner.
   - ☐ d. Employer Objection to Claimant's Request for Change of Physician.
   - ☐ e. Motion to Consolidate. LIST ALL COMMISSION FILE NUMBERS, EXCLUDING THE ONE LISTED ABOVE.

     _____ _____ _____ _____
   - ☐ f Motion to Suspend Proceedings or Benefits.
   - ☐ g. Motion to Add Additional Parties. **Include the name and complete address, including the zip code, of EACH additional party and INSURER, and the alleged DATE OF INJURY.** (Use additional sheets if necessary.) A COPY OF THIS MOTION MUST BE MAILED TO EACH ADDITIONAL PARTY AND INSURER LISTED.

Additional Party & Address, including City/State/Zip	Insurer & Address, including City/State/Zip	Alleged Date of Injury

   - ☐ h. Mediation Order. (Note: Contact the Counselor Division directly to pursue mediation by mutual agreement without Commission order.)
   - ☐ i. Motion to Review Permanent Total Disability Status pursuant to 85A O.S., §45(D).
   - ☐ j. Other _____ (specify).
2. Has an Administrative Law Judge previously been assigned by the Commission to hear all matters relating to the above-captioned case?
   ☐ YES ☐ NO ASSIGNED ADMINISTATIVE LAW JUDGE: _____.

THE PARTY REQUESTING THIS PREHEARING CONFERENCE HEREBY CERTIFIES THAT THE PARTIES HAVE CONFERRED OR ATTEMPTED TO CONFER IN GOOD FAITH, BUT HAVE REACHED AN IMPASSE AND ARE UNABLE TO RESOLVE THE ISSUE WITHOUT THE COMMISSION'S ASSISTANCE.

Administrative Workers' Compensation Act, 85A O.S., §6(A)(1)(a): "Any person or entity who makes any material false statement or representation, who willfully and knowingly omits or conceals any material information, or who employs any device, scheme, or artifice, or who aids and abets any person for the purpose of: (1) obtaining any benefit or payment … shall be guilty of a felony."

Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony punishable by imprisonment, a fine or both.

The undersigned declare under PENALTY OF PERJURY that they have examined all statements contained herein, and to the best of their knowledge and belief, they are true, correct and complete.

Signed this _____day of _____, _____.

I HEREBY CERTIFY THAT A COPY HAS BEEN SENT TO:

Opposing Party/Counsel
Address (Number and Street)
City State Zip Code

Signature of Requesting Party
Address
City State Zip Code
Telephone Number of Requesting Party
Print or type name of Attorney OBA #

Revised 12-18-14