

CC-FORM-300

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

THIS SPACE FOR COMMISSION USE ONLY

Send original to:
Workers' Compensation Commission and 1 copy to
Each Opposing Party/Counsel

In re claim of:

Full Name of Claimant (Injured Employee)
Claimant's Social Security Number (LAST 4 DIGITS ONLY) XXX-XX-_____
Name of Respondent (Employer)
Date of Arbitration Agreement

REQUEST FOR PROCEEDING REGARDING ARBITRATION AGREEMENT

Commission File Number

(Please Type or Print)

This request for a proceeding before the Workers' Compensation Commission regarding the above dated Arbitration Agreement between the injured employee (Claimant) and the employer (Respondent) is made pursuant to the Workers' Compensation Arbitration Act, 85A O.S., §300, et seq.

The proceeding is requested on the following marked issue(s).

- ☐ a. Determine challenges to the arbitration agreement pursuant to 85A O.S., §27.
- ☐ b. Motion to Compel arbitration.
- ☐ c. Motion to Stay arbitration.
- ☐ d. Grant or deny confirmation of an arbitration award.
- ☐ e. Modify or correct an arbitration award.
- ☐ f. Vacate an award made in the arbitration proceeding.
- ☐ g. Other (SPECIFY) _____

ATTENTION: The Workers' Compensation Commission will NOT set this CC-Form-300 unless it is attached to a CC-Form-9 (Request for Hearing) or a CC-Form-13 (Request for Prehearing Conference).

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 & Street)
City State Zip Code

Signature of <input type="checkbox"/> Respondent <input type="checkbox"/> Claimant <input type="checkbox"/> Counsel for Requestor		
Address (Number & Street)		
City	State	Zip Code
Telephone # of Filing Party		
Print or type Name of Attorney		OBA #