



State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK and
SUBMIT TO THE DISTRICT OFFICE WHERE THE HEARING IS SCHEDULED

Rev. 1-17-2007

HC

- INFORMAL PRE-FORMAL \*\* NOT TO BE USED FOR FORMAL HEARINGS

Hearing CANCELLATION Request

This form MUST be received before 4:30 P.M. or it will not be recorded until the next business day.

All Parties will be REQUIRED TO APPEAR, if this Cancellation Request is not RECEIVED AT LEAST THREE (3) BUSINESS DAYS PRIOR to the scheduled hearing (except for unforeseen emergencies).

Contested 36 Forms where benefits are being paid MUST BE AGREED TO IN WRITING by the respondent.

Date of Hearing Date of THIS Request

WCC District # Presiding Commissioner

Party who initiated Request for this Hearing:

- Commissioner Claimant / Claimant Rep Respondent / Respondent Rep
Other—specify name, firm, or carrier:

WCC :

File #(s) :

Name of Case:

(claimant)
v.

Date filed in District

(for WCC use only)

Reason for Requested Cancellation or Continuance

This request is for: Cancellation Continuance

Check the reason for this cancellation / continuance request:

Form 36

- withdrawn approved by agreement effective:

Awaiting

- additional information medical reports
commissioner exam medicare language
deposition review of settlement amount
employer/respondent's exam third-party settlement

Party Unavailable

- claimant claimant's representative
respondent respondent's representative
OTHER:

Respondent Agrees

- to pay TP, TT, PPD and/or attorney fees
to issue VA, pay medical bills, pay lien, authorize medical treatment, authorize evaluation
to accept the claim

Claim Not Pursued

- claim or issue withdrawn
requestor does not wish to pursue
parties not ready to discuss settlement
stipulation documents being prepared

Miscellaneous

- hearing notification incorrect
lien paid

Signature of Party Requesting Cancellation or Continuance

As the party requesting cancellation / continuance of this hearing:

I CONFIRM THAT I HAVE CONTACTED ALL COUNSEL AND PRO SE PARTIES OF RECORD REGARDING MY INTENTION TO SEEK CANCELLATION OR CONTINUANCE.

REQUIRED: Attach to this form a sheet listing the name and address of each party notified.

ALL COUNSEL AND PRO SE PARTIES OF RECORD:

- CONSENT — If "Consent" to Cancel the Hearing is not checked here, the Hearing WILL GO FORWARD.

Person making THIS request is (check ONE):

- Claimant Claimant's Representative
Respondent Respondent's Representative
OTHER interested party (please specify):

Signature Date

Name

Firm's Name (if applicable)

Address

City/Town State

Zip Code Tel.#

Date copies (circle ONE) delivered / faxed / mailed: