



State of Connecticut Workers' Compensation Commission

Please TYPE or PRINT IN INK
and SEND A COPY OF THIS REQUEST
TO ANY OTHER INTERESTED PARTY(IES)

Hearing Request

I hereby notify the Workers' Compensation Commission of my request for the following hearing:

Informal Pre-Formal Formal Stip Approval

Disfigurement / Scar — Surgery Date(s): _____

For injuries occurring ON OR AFTER July 1, 1993, disfigurement/scar benefits are available ONLY for disfigurements or scars on the face, head, neck, or any other area of the body that handicaps the employee from obtaining or continuing to work.
[See Sec. 31-308(c)]

Reason(s) for the requested hearing **AND** supporting documents are required:

Rev. 6-14-2024

HR

WCC File # _____

Date filed in District _____

(for WCC use only)

INJURED WORKER

Name _____
D.O.B. (required) _____
Address _____
City/Town _____ State _____
Zip Code _____ Tel.# _____
Email (optional*) _____

INJURY

Date of Injury _____
City/Town of Injury _____
State _____ Zip Code _____
Body Part _____

EMPLOYER

Name _____
Address _____
City/Town _____ State _____
Zip Code _____ Tel.# _____

ATTORNEY OR REPRESENTATIVE OF INJURED WORKER

Name _____
Name of Firm _____
Address _____
City/Town _____ State _____
Zip Code _____ Tel.# _____

INSURANCE

Policy Insurer Name _____
Policy No. _____ Eff. Date _____
Address _____
City/Town _____ State _____
Zip Code _____ Tel.# _____
.....
Administrator Name _____
Contact Person _____
Address _____
City/Town _____ State _____
Zip Code _____ Tel.# _____
.....
Attorney for Insurance Carrier _____
Name of Firm _____
Address _____
City/Town _____ State _____
Zip Code _____ Tel.# _____

ADDITIONAL INTERESTED PARTIES FOR NOTIFICATION — List:

REQUIRED

You **MUST** attach to this form a list of the names and addresses of each party you have contacted in your attempt to resolve this issue.

As the party requesting the hearing, I **CONFIRM THAT I HAVE CONTACTED ALL COUNSEL AND PRO SE PARTIES OF RECORD BY TELEPHONE OR WRITTEN COMMUNICATION AND HAVE BEEN UNABLE TO RESOLVE THE ABOVE ISSUES.**

I understand that it is improper to request a hearing without first trying to resolve the issues with the other party.

I am the (check ONE):

- injured worker or representative
- insurance company or representative
- additional interested party (please specify): _____

Signature _____ Date _____