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)

Rev. 7-13-2009

HR

WCC File #

Date filed in District

(for WCC use only)

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:

INJURED WORKER

Name _____

D.O.B. *(required)* _____

Address _____

City/Town _____ State _____

Zip Code _____ Tel.# _____

EMPLOYER

Name _____

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.# _____

INJURY

Date of Injury _____

City/Town of Injury _____

State _____ Zip Code _____

Body Part _____

ATTORNEY OR REPRESENTATIVE OF INJURED WORKER

Name _____

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 _____