

## CERTIFICATE OF READINESS FOR HEARING REQUEST TO SCHEDULE A HEARING

**The applicant's representative must file a Certificate of Readiness [COR] before the Office of WC Hearings (OWCH) will place the case in ready to be scheduled for hearing status.**

### **Explanation:**

- The COR verifies that the case is ready for hearing and reduces the risk that a case scheduled for hearing will not need to be postponed.
- The COR should also be used to encourage settlement discussions to resolve the case without the need for a hearing.

### **General Instructions:**

- Do not submit a COR until the applicant is certain that no other parties will be necessary.
- Do not submit the COR unless the WKC-16-B, vocational reports, or other essential medical reports are on file or are filed with the COR. The WKC-3 is not required to be filed with the COR.
- The OWCH will schedule hearings within 100 miles of the applicant's mailing address unless the applicant indicates a willingness to travel further, or has indicated a specific hearing location on the Hearing Application.
- Besides the dates of unavailability provided on this form, the attorneys should keep the OWCH calendar section notified of future dates of unavailability.
- Duty Disability claims require a denial letter from Employee Trust Funds (ETF).

### **Please note the following general guidelines:**

- Once scheduled, the OWCH will not postpone a hearing except for extraordinary circumstances. Gathering medical proof **IS NOT** an extraordinary circumstance.
- With the exception of reports filed in support of the COR, and unless waived by the parties, statutory deadlines for filing reports apply.
- If the status or nature of the claim changes after filing the COR, the applicant's representative must immediately notify the OWCH in order to prevent the scheduling of a hearing. If a scheduled case is postponed for this reason, the OWCH will require a new COR before scheduling another hearing.
- The parties should notify the OWCH in writing of address changes.



**State of Wisconsin \DIVISION OF HEARINGS AND APPEALS**

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**CERTIFICATE OF READINESS AND REQUEST TO SCHEDULE A HEARING**

**Do not use this form to amend the Hearing Application.**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

Employee Name	Claim Number	Date of Injury
Employer Name	WC Carrier or Self-Insured Employer Name	Will employee travel more than 100 miles? <input type="checkbox"/> Yes <input type="checkbox"/> No

**ISSUES TO BE HEARD – MARK THE APPROPRIATE BOXES**

Average Weekly Wage \$	Estimate of Medical Expenses \$
Is the cause of injury (work relatedness) in dispute? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you seeking an order on prospective medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you seeking TTD? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dates:	
Are you seeking TPD? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list dates:	
Are you seeking PPD? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list percentage:           and body part:	
Are you seeking LOEC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list percentage:    %	
Are you seeking Vocational Retraining? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Other issues?	
Is an Interpreter needed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify language:	
WC Carrier or Self-Insured Employer's Attorney Name	
Attach a list of all dates attorney is NOT available for hearings in the next 120 days	
<b>Certification: By signing this Certificate of Readiness, I represent that I am ready for hearing.</b>	
Employee's Attorney's Signature	Date Signed

The WC carrier or self-insured employer has 15 days to OBJECT in writing to this Certificate of Readiness setting out the specific reasons.