

INSTRUCTIONS FOR COMPLETION OF JOINT CERTIFICATION OF READINESS

1. Certification of readiness by the parties is not mandatory but is encouraged.
2. Any party may initiate the certification, but all parties must join in one certification.
3. Certification will facilitate, but will not guarantee, an earlier hearing date.
4. The Worker's Compensation Division will attempt to schedule the hearing at a location no more than 100 miles from the address of the employee or the employer.
5. Only matters that will be ready for hearing on short notice (30 days) should be submitted for consideration for a short-notice hearing.
6. No certification should be submitted if any party believes that further impleader or joinder of parties is a possibility.
7. No postponements will be granted except under extraordinary circumstances. Difficulty in gathering medical proof IS NOT an extraordinary circumstance.
8. If the Worker's Compensation Division approves the joint certification, a hearing may be scheduled on relatively short notice. The Worker's Compensation Division will notify the parties if the request is not approved.
9. Only the issues listed on the joint certification form will be heard at the scheduled hearing.
10. Unless waived by the parties, statutory filing deadlines apply. The parties are encouraged to file and exchange medical and vocational proof with the Joint Certification.
11. In addition to the dates of unavailability for the attorneys provided on this form, the attorneys should continue to notify the Calendar Section of any future dates of unavailability.

PLEASE NOTE:

- ✓ The submission of a Joint Certification by the parties is a representation that the matter is ready for hearing on relatively short notice. This will afford the Calendar Section a number of claims that may be scheduled without the risk that a party might request an adjournment.
- ✓ The Joint Certification will provide the parties input into the scheduling of hearings. Those attorneys and parties that cooperate in the process of preparing a file for hearing will be afforded some priority in scheduling, thus achieving earlier resolution of their matters.
- ✓ The process of submitting a Joint Certification is expected to encourage settlement discussions, resulting in earlier case resolution.

Joint Certification of Readiness

*The provision of your social security number is voluntary. Failure to provide it may result in an information processing delay. The Department of Workforce Development (DWD) administers the Worker's Compensation Act, Chapter 102 Wis. Stats. The purpose of this form is to assist with the procurement of information related to or required by Chapter 102. Completion of this form is voluntary and failure to complete said form may result in a delay in the administration of Chapter 102. DWD may use the personally identifiable information (PII) it obtains from you on this form for purposes other than those for which it is being collected.

Employee Name		Social Security Number*		Claim Number		Date(s) of Injury:	
						Is Date of Injury in Dispute? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employee Street Address			City		State	Zip Code	Phone Number
Employer Name			City		State	Zip Code	Phone Number
Street Address							
WC Carrier Name and Address			WC Carrier Contact Name and Phone Number			Can Employee Travel more than 100 miles? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ISSUES TO BE HEARD – PLEASE MARK THE APPROPRIATE BOXES BELOW

Average Weekly Wage (Claimed/Admitted) \$		Medical Causation? <input type="checkbox"/> Yes <input type="checkbox"/> No		Medical Expense <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, Attach WKC-3)			
Order for Future Medical Care? <input type="checkbox"/> Yes <input type="checkbox"/> No		Nature of the Treatment at Issue					
Temporary Total Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dates		Temporary Partial Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dates	
Permanent Partial Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No Percentage Claimed and Body Part				Loss of Earning Capacity? <input type="checkbox"/> Yes <input type="checkbox"/> No Percentage Claimed			
Percentage Conceded and Body Part				Percentage Conceded			

Disfigurement? <input type="checkbox"/> Yes <input type="checkbox"/> No		Death Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		Safety Violation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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Delay Penalties (Specify in Detail the Delayed Payment[s] and Who Caused the Delay – Insurer or Employer)

Other Issues to be Heard (Specify in Detail)

Number of Witnesses for Employee _____ Number of Witnesses for Respondent _____ Times Needed for Hearing
 2 Hours 2 1/2 Hours 3 Hours 1/2 Day

Employee's Attorney Name		Street Address		City		State	Zip Code	Phone Number
Insurer's Attorney Name		Street Address		City		State	Zip Code	Phone Number
Employer's Attorney Name		Street Address		City		State	Zip Code	Phone Number

List All Dates for Which the Attorneys, Parties and/or Any Necessary Witness Will Not be Available in the Next 120 Days.

Attorney Signature and Date		Attorney Signature and Date		Attorney Signature and Date	
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