

State of Wisconsin  
Department of Workforce Development, Worker's Compensation Division  
P. O. Box 7901, Madison, WI 53707-7901, (608) 266-1340

**INSTRUCTIONS FOR COMPLETING HEARING APPLICATION (FORM WKC-7)**

The Hearing Application should be faxed to the Worker's Compensation Division at (608) 260-3053. If you do not have access to a fax, the application may be mailed to the WC Division at P.O. Box 7901, Madison, WI 53707 or filed in person at the WC Division's office located at 201 E. Washington Ave., Room C100, Madison WI 53703. If you need assistance with the application, please telephone (608) 266-1340. Be sure to keep the original for your records.

To ensure timely scheduling of a hearing on this claim, you should provide as much of the information requested on this application as you can. You must submit medical documentation to support each injury date claimed. Be certain to submit all medical documentation since the department will not schedule a hearing until the medical documentation in support of the claim is received.

If, at any time, you need more space than is provided on the form, use a separate sheet of paper and put the employee's name and identifying information on each sheet to provide the required information. Specific instructions for parts of the application are listed below.

**BOX 1:**

Regarding claims for death benefits, "EMPLOYEE" in Box 1 refers to the individual(s) requesting the hearing. All other information (including Employee's Social Security Number) pertains to the deceased worker.

**BOX 7a Temporary Total Disability:**

Temporary total disability is available if, while healing from the injury, the employee did not receive any wages because of the injury. Insert the begin date and the end date for each period of total wage loss that occurred while healing from the injury.

**BOX 7b Temporary Partial Disability:**

Temporary partial disability is available if, while healing from the injury, the employee received less than the employee's normal wage for a period because of the injury: for example, partial wage loss because of reduced work hours or normal work hours at a reduced pay rate. Insert the begin date and the end date for each period of partial wage loss that occurred while healing from the injury.

**BOX 7d Permanent Partial Disability:**

Permanent partial disability is available if the injury leaves the employee with a disability (decreased ability to mentally and/or physically function), after the employee has finished healing. The "end of healing," or the "healing plateau," is the point where further improvement is unlikely. Disability in the "upper extremities" (shoulders to the fingertips) or in the "lower extremities" (hip to the toes) is rated as a percentage of total disability at the joint(s) where the disability exists. Ratings of 100% apply to amputation or disability that render the body part useless for practical purposes. Disability in the head, neck, or torso is rated as a percentage of disability to the body as a whole.

**BOX 7e: PERMANENT TOTAL DISABILITY:**

Permanent total disability is available if the injury leaves the employee with disability that prohibits the performance of all services except those that are so limited in quantity, quality, and/or dependability that no reasonably stable market for them exists.

**BOX 13 -- FORMAL HEARING:**

Applications are scheduled in first-in-first-out order based upon the date that the claim is deemed ready for hearing. This is called "due course." The "ready date" is the date on which the department receives the hearing application and a report containing a medical opinion that supports the benefits claimed in the application. Applications filed without medical support will not be scheduled for hearing until the department receives a medical report supporting the claim.

**BOX 15 – EMPLOYEE'S SIGNATURE AND ATTORNEY'S FEE:**

Sign and date the hearing application. If represented by an attorney, be sure to read the statement regarding attorney's fee and check either the "Yes" or "No" box.

**BOX 16 – DO NOT WRITE IN THIS AREA – FOR DEPARTMENT USE ONLY.**

**-SEE REVERSE SIDE FOR HEARING INSTRUCTIONS-**

## **WORKER'S COMPENSATION HEARING INSTRUCTIONS**

### **PLEASE READ CAREFULLY AND KEEP FOR YOUR RECORDS**

#### **HEARING AND PREHEARING CONFERENCES:**

You may file an application for hearing (WKC-7) if you believe you did not receive all the benefits to which you were entitled.

In some cases, a prehearing conference is scheduled before a formal hearing is held. The purpose of the conference is to clarify issues and, if possible, reach some agreement on the case. Bring to the prehearing conference any documents, bills or other records which may help clarify the issues in dispute. Pre-hearing conferences and formal hearings are conducted by a department attorney, called an administrative law judge. If you do not have your own attorney, the judge may ask questions to bring out the facts.

After a formal hearing, the judge issues a written decision. Any party may appeal the decision within 21 days to the Labor and Industry Review Commission (LIRC). A decision by LIRC may be appealed to circuit court within 30 days. There can be a delay of several months before your case is scheduled since there are always many cases waiting for a hearing. You will be notified by mail when a hearing date is set and given advanced notice of at least 10 days.

#### **PREPARATION:**

You can help your case by collecting any notes you have as to dates of disability, visits for treatment, mileage and unpaid bills. Bring them with you to the hearing. At the hearing, be ready to explain and prove your claim for benefits. You or your attorney should arrange to have any witnesses at the hearing who you believe will help to prove your claim. If a witness refuses to attend the hearing, you may request a subpoena to order the witness to appear.

#### **MEDICAL TESTIMONY:**

If there is a dispute over how much disability you claim or whether the disability was caused by the injury, you must have medical proof. You cannot be successful at the hearing unless you have the opinion of a physician, psychologist, podiatrist or chiropractor. You may provide this medical proof by having a doctor present at the hearing. However, you may avoid the expense of having a doctor at the hearing by having the doctor complete and sign a medical report, called [WKC-16-B](#). Generally, your case will not be set for hearing until your doctor sends us the [WKC-16-B](#). Medical bills should be listed separately for each health care provider and attached to a medical treatment statement form ([WKC-3](#)). We will send you the forms if you ask for them, or you may download copies of the forms from our website, <https://dwd.wisconsin.gov/wc> (under Documents, select Forms). Medical evidence and medical bills should be filed with the department at least 15 days before the hearing date.

#### **LOSS OF EARNING CAPACITY:**

You may make a claim for loss of earning capacity but only for certain types of injuries. Generally, you cannot claim loss of earning capacity for injuries to arms, legs, or hearing or vision loss. If you claim loss of earning capacity, you may have an expert testify or file a certified report that we will send you upon request.

#### **ATTORNEY:**

You may be represented by an attorney or you may present your own case. The administrative law judge is not your attorney and cannot make investigations or arrange for the appearance of witnesses. However, the judge may ask questions to bring out the facts. If you hire an attorney, the attorney should be seen as soon as possible in order to properly prepare your case. An attorney can help with investigation, producing witnesses and legal advice. The attorney may not charge more than 20% of the amount recovered for you. If the attorney gets nothing for you, you do not owe a fee for the attorney's time. However, your attorney may charge you for his or her actual costs such as charges for medical reports. Regardless of the outcome of the case, you are not required to pay attorney's fees for the employer or insurance company. Attorney's fees must be approved by the department.

#### **CERTIFICATION OF READINESS:**

**If you are represented by an attorney, your attorney must file a Certification of Readiness before your hearing will be scheduled. The Certification will tell us that the parties to the case have shared the necessary information including medical reports and that the dispute is not likely to be resolved without a formal hearing or settlement conference.**

#### **POSTPONEMENTS OR CONTINUATIONS:**

Requests for postponements or continuances of scheduled hearings will be granted only because of extraordinary circumstances. Neither the scheduling problems nor the convenience of the parties will be considered extraordinary circumstances. A postponement, continuance, or extension of time may not be granted upon the mutual agreement of the parties without the consent of the department. If you find it impossible to appear or if you decide to drop your claim, notify the Worker's Compensation Division immediately.