

# Worker's Compensation PreHearing and Hearing Appearance Permit Application

Department of Workforce Development  
Worker's Compensation Division  
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Madison, WI 53707-7901  
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\*Provision of your Social Security Number (SSN) is voluntary. Failure to provide it may result in an information processing delay.  
Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

Applicant Name			
Applicant Address	City	State	Zip Code
Applicant Telephone Number (       )			

I apply for permission to appear at a worker's compensation hearing for: \_\_\_\_\_

In the matter of:

Employee Name	WC Claim Number
Employee Social Security Number*	Injury Date

vs.

Employer	Insurance Company
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I certify that I am 18 years of age or older and do not have an arrest or conviction record.

I certify that I have obtained permission to appear on \_\_\_\_\_ prior occasions.

I have attached a statement of my background, training and experience (if any) in Worker's Compensation matters.

Applicant Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

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Permission to appear granted.

Administrative Law Judge Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

ALJ Comments: