

WC CLAIM NO: 9999-999999  
INJURY DATE: 05/01/85  
EMPLOYEE: SAMPLE SIMPLES, SAMPLE  
EMPLOYER: SAMPLE EMPLOYER INC  
INSURER NO:

IF YOU CALL OR WRITE US  
PLEASE USE WC CLAIM NO.

You filed an Application for Hearing in the above-captioned case. The department (DWD) has now received and verified the Certificate of Readiness (COR) you filed and placed the case in ready for hearing status.

**The case has been referred to the Office of Worker's Compensation Hearings (OWCH) to be scheduled for a hearing.** Any questions about or updates regarding the scheduling of this case should be submitted to OWCH.

Please note, **if you need to amend the application for hearing, please submit your documents directly to DWD**, preferably via the Litigated Case Portal System or the Litigated Fax (608-260-3053).

Division of Worker's Compensation

GL124 (N. 12/2022)

**Copy sent to:**