

SAMPLE SAMPLE SAMPLE-SIMPLES
201 E WASHINGTON AVE RM # C100
MADISON WI 53703

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.

Your case is deemed appropriate for an expedited hearing. However, before the claim will be given scheduling priority, you must complete the enclosed form, Request for Expedited Hearing (WKC-14747-DHA-E), and mail a copy to the Office of Worker's Compensation Hearings (OWCH) and to respondents with all questions answered and the required attachments.

- Each party must immediately notify the OWCH Calendar Section via fax, of any unresolvable conflicts during the next four months on the calendars of those persons that must appear for the party at the expedited hearing: attorneys, parties, expert witnesses and fact witnesses. The expedited hearing will not be scheduled on such dates.
- Expedited hearings may be scheduled on less than 30 days notice. If the hearing application is the first notice of the claim, the hearing will not be scheduled on less than 45 days notice. The designated hearing location may not be available, so extra travel may be required.
- **Expedited hearings will not be postponed or cancelled except for a true emergency** If something changes such that an expedited hearing is no longer warranted or feasible, please notify the OWCH immediately.
- Both parties must make preparation for the expedited hearing a priority, including cooperation to obtain and exchange records, reports, and respondent medical examinations in a compressed period. The parties should immediately correspond about any issues, particularly respondent medical examinations that must be resolved prior to the expedited hearing. If there are issues that cannot be resolved by cooperation, then the dispute must be brought to the OWCH's attention immediately by facsimile letter.

Division of Hearings and Appeals
Office of Worker's Compensation Hearings

Attachment: WKC-14747-DHA-E

GL50 (R. 02/2016)

Copy sent to:

SAMPLE SAMPLE SAMPLE-SIMPLES 201 E WASHINGTON AVE RM # C100 MADISON WI 53703
ATTORNEY WALTER D THUROW PO BOX 188 RIO WI 53960
SAMPLE EMPLOYER INC 201 E WASHINGTON AVE RM C100 RM C100 MADISON WI 53703

REQUEST FOR EXPEDITED HEARING

Division of Hearings and Appeals
Office of Worker's Compensation
Hearings
 4822 Madison Yards Way, 5th Floor
 P.O. Box 7922
 Madison, WI 53707-7922
 Telephone: (608) 266-7709
 Fax: (608) 266-0018
 Email: DHAWCMail@wisconsin.gov

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

Identify below with specificity, the benefits claimed that are **now** ready for hearing (which may not be everything listed on the pending application). Include the beginning and ending dates for temporary total disability (TTD) and temporary partial disability (TPD), and the exact percentage and location for permanent functional disability (PPD). If liability for a future medical procedure is claimed, please identify the procedure and the name of the health care professional that has recommended it.

TTD:	Date From:	Date To:	Date From:	Date To:	Date From:	Date To:	Date From:	Date To:
TPD:	Date From:	Date To:	Date From:	Date To:	Date From:	Date To:	Date From:	Date To:
PPD:	% of							
Past medical treatment expenses claimed:							\$	
Future medical procedure:								
Provider:								
Has the worker's compensation insurer denied benefits?					<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Is the applicant receiving group disability benefit payments?					<input type="checkbox"/> Yes		<input type="checkbox"/> No	
IF "YES", what is the weekly benefit amount?							\$	
IF "YES", when will benefits end?							Date:	

Please attach the following:

1. A fully-completed WKC-16-B - Practitioner's Report on Accident or Industrial Disease In Lieu Of Testimony, or a WKC-16-A - Physician's Report on Eye Injuries, that supports the claimed treatment expenses, temporary disability, and permanent functional disability. More than one form may be attached. Medical records, instead of a form, will not suffice.
2. A fully completed WKC-3, Medical Treatment Statement, with *itemized* bills attached, supporting the past treatment expenses claimed.
3. A report from the healthcare professional recommending the future medical procedure which supports the compensability of that procedure.

Only the benefits identified above for which the required report and WKC-3 are attached will be litigated at the expedited hearing.

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RIO WI 53960