



Workers' Compensation Division

# Workers' Compensation Division Request for Hearing

Please type or print. Not all information will apply to every case. Complete all areas that apply.

Requester name and address:  Phone: _____ Fax: _____	Worker name and address:  Phone: _____ Fax: _____
Employer's name and address (for Workers' Benefit Fund cases):  Phone: _____ Fax: _____	Worker's attorney (if any) name and address:  Phone: _____ Fax: _____
Requester's identity: <input type="checkbox"/> Worker <input type="checkbox"/> Worker's attorney <input type="checkbox"/> Insurer <input type="checkbox"/> Medical service provider <input type="checkbox"/> Employer <input type="checkbox"/> Employer's attorney <input type="checkbox"/> Managed care organization <input type="checkbox"/> Other: _____	Date of injury: _____ Insurer claim number: _____ WCD file number: _____ Order number being appealed: _____

**I request a hearing concerning (check below all that apply):**

- |  |  |
|--|--|
| <input type="checkbox"/> Medical fee                                     | <input type="checkbox"/> Vocational assistance                               |
| <input type="checkbox"/> Medical services                                | <input type="checkbox"/> Penalty (sole issue)                                |
| <input type="checkbox"/> Medical treatment                               | <input type="checkbox"/> Workers' Benefit Fund                               |
| <input type="checkbox"/> Managed care organization (MCO) medical dispute | <input type="checkbox"/> Attorney fees                                       |
| <input type="checkbox"/> MCO non-medical dispute (identify): _____       | <input type="checkbox"/> Other (identify and cite applicable statute): _____ |

\_\_\_\_\_  
*Signature of requester*                      *Date*

**Mail or hand deliver to:**

Hearings Coordinator  
Policy and Communications Section  
Workers' Compensation Division  
350 Winter St. NE, 2<sup>nd</sup> floor  
PO Box 14480  
Salem, OR 97309-0405

**Or e-mail to:**

WCD.hearings@state.or.us

**Or fax to:**

Hearings Coordinator  
Policy and Communications Section  
503-947-7514

**If you have questions, call: 503-947-7841**

An automated MS Word 2000® form is available at:  
[www.wcd.oregon.gov/policy/bulletins/formsbyno.html](http://www.wcd.oregon.gov/policy/bulletins/formsbyno.html)

440-2839 (7/08/DCBS/WCD/WEB)

**436-001-0019 (effective 7/1/08)**

**Requests for Hearing**

- (1) A request for hearing on a matter within the director's jurisdiction must be filed with the administrator no later than the filing deadline. Filing deadlines will not be extended except as provided in section (7) of this rule.
- (2) A request for hearing must be in writing. A party may use the division's Form 2839. A request for hearing must include the following information, as applicable:
  - (a) The name, address, and phone number of the party making the request;
  - (b) Whether the party making the request is the worker, insurer, medical provider, employer, any other party, or an attorney on behalf of a party;
  - (c) The number of the administrative order being appealed;
  - (d) The worker's name, address, and phone number;
  - (e) The name, address, and phone number of the worker's attorney, if any;
  - (f) The date of injury;
  - (g) The insurer's or self-insured employer's claim number;
  - (h) The division's (WCD) file number; and
  - (i) The reason for requesting a hearing.
- (3) Requests for hearing may be filed in any of the following ways:
  - (a) By mail.
  - (b) By hand-delivery.
  - (c) By fax, if the document transmitted indicates that it has been delivered by fax, is sent to the correct fax number, and indicates the date the document was sent.
  - (d) By e-mail to [wcd.hearings@state.or.us](mailto:wcd.hearings@state.or.us). If the request for hearing is an attachment to the e-mail, it must be in a format that Microsoft Word 2000® (.doc, .txt, .rtf) or Adobe Reader® (.pdf) can open. Image formats that can be viewed in Internet Explorer® (.tif, .jpg) are also acceptable.
  - (e) By using the on-line form available on the division's Web site at [wcd.oregon.gov](http://wcd.oregon.gov).
- (4) The requesting party must send a copy of the request to all known parties and their legal representatives, if any.
- (5) Timeliness of requests for hearing will be determined under OAR 436-001-0027.
- (6) The director will refer timely requests for hearing to the board for a hearing before an administrative law judge. The director may withdraw a matter that has been referred if the request for hearing is premature, if the issues in dispute become moot, or if the director otherwise determines that the matter is not appropriate for hearing at that time.
- (7) The director will deny requests for hearing that are filed after the filing deadline. The party may request a limited hearing on the denial of the request for hearing within 30 days after the mailing date of the denial. The request must be filed with the administrator. At the limited hearing, the administrative law judge may only consider whether:
  - (a) The denied request for hearing was filed timely; or
  - (b) If good cause existed that prevented the party from timely requesting a hearing on the merits. For the purpose of this rule, "good cause" includes, but is not limited to, mistake, inadvertence, surprise, or excusable neglect.

**436-001-0027 (effective 7/1/08)**

**Timeliness; Calculation of Time**

- (1) Timeliness of any document required by these rules to be filed or submitted to the division is determined as follows:
  - (a) If a document is mailed, it will be considered filed on the date it is postmarked.
  - (b) If a document is faxed or e-mailed, it must be received by the division by 11:59 p.m. Pacific time to be considered filed on that date.
  - (c) If a document is delivered, it must be delivered during regular business hours to be considered filed on that date.
- (2) The date and time of receipt for electronic filings is determined under ORS 84.043.
- (3) Time periods allowed for a filing or submission to the division are calculated in calendar days. The first day is not included. The last day is included unless it is a Saturday, Sunday, or legal holiday. In that case, the period runs until the end of the next day that is not a Saturday, Sunday, or legal holiday. Legal holidays are those listed in ORS 187.010 and 187.020.