Form 401

REQUEST FOR CLAIMS RESOLUTION CONFERENCE

PLEASE PRINT OR TYPE

CLAIMANT INFORMATION

Name _____ Date of Injury _____
Social Security Number _____ Phone Number _____
Address _____
_____

Claimant may need an Interpreter? ☐ Yes ☐ No
Have you retained an attorney to assist you with your claim? ☐ Yes ☐ No

*The Labor Commission neither requires nor discourages legal representation in the pursuit of a workers' compensation claim.

EMPLOYER INFORMATION

Name _____ Phone Number _____
Address _____
_____

INSURANCE CARRIER INFORMATION

Name _____ Phone Number _____
Address _____ Adjustor _____
_____ (If Known)

ISSUES NEEDING RESOLUTAION

1. _____
2. _____
3. _____

(If more room is needed, please use the back of this form.)

I REQUEST TO HAVE A CLAIMS RESOLUTION CONFERENCE SCHEDULED TO RESOLVE THE ABOVE ISSUES.

Requestor's Signature _____ Phone Number _____ Date _____

Requestor's relationship to claim _____*Employee* _____ *Adjustor* _____ *Applicant's Counsel* _____ *Defense Counsel* _____ *Other (Please specify)* _____

Your Claim Resolution Conference will be scheduled within 14 days from the time the Division of Industrial Accidents receives agreement from both parties to participate in this process.

Case Number _____

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