

RESPONSE TO REQUEST THAT CLAIM BE ASSIGNED FOR HEARING

The Use of This Form Is Required Under the Provisions of the Workers' Compensation Act

Employee's Name _____			Employer's Name _____ () _____			Telephone Number _____			
Address _____			Employer's Address _____			City _____	State _____	Zip _____	
City _____	State _____	Zip _____	Insurance Carrier _____						
Home Telephone _____ () _____			Work Telephone _____ () _____			Carrier's Address _____	City _____	State _____	Zip _____
XXX-XX- _____	<input type="checkbox"/> M <input type="checkbox"/> F	/ /	Carrier's Telephone Number _____ () _____			Fax Number _____			
Last 4 Digits of SSN	Sex	Date of Birth							

In response to the Request for Hearing filed we have been unable to agree because (state reason with specificity):

PLAINTIFF/DEFENDANT AGREES TO THE FOLLOWING:

Compensability Denied

Subject to Act: _____

Employment relationship: _____

Insurance coverage: _____

Date of injury: _____

Injury by accident _____

Arising out of and in the course of employment: _____

Occupational disease _____

Average weekly wage \$ _____

Part of body: _____

Other: _____

Compensability Admitted

Form 21 approved on: _____

Form 60 approved on: _____

Temp. total paid from: _____

to _____

Temp. partial paid from: _____

to _____

Perm. partial paid from: _____

to _____

for _____ % ppd of _____

Form 26 approved on: _____

Form 24 approved on: _____

Form 28B filed on: _____

Other: _____

Part of body: _____

City and county wherein injury occurred: _____

Estimated length of hearing: _____

ATTORNEYS/CARRIERS: FILE VIA ELECTRONIC DOCUMENT FILING PORTAL:
[HTTP://WWW.IC.NC.GOV/DOCFILING.HTML](http://www.ic.nc.gov/docfiling.html)

EMPLOYEE FILING OPTIONS:
E-MAIL TO DOCKETS@IC.NC.GOV
OR FAX TO (919) 715-0282
OR MAIL TO

NCIC-DOCKET SECTION
1236 MAIL SERVICE CENTER
RALEIGH, NC 27699-1236

HELPLINE: (800) 688-8349
WEBSITE: [HTTP://WWW.IC.NC.GOV](http://www.ic.nc.gov)

Below is a list of names and addresses of all witnesses, including doctors, whose testimony is to be taken by the undersigned.

NAME	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

When a date of hearing is set, I respectfully request the Commission to send me signed subpoenas for my witnesses. When I receive these subpoenas, I will serve them pursuant to the instructions on Page 2 of the Industrial Commission Form 36.

 (Signature) Title

 (Address: street and number, city, state and zip)

 (Email Address)

 (Date)

Note: The original of this form must be sent to the Industrial Commission at the address below or by e-mail to dockets@ic.nc.gov. A copy of the form must be sent to opposing parties.

CERTIFICATE OF SERVICE

I hereby certify that on _____, I served a copy of this Form 33R Response to Request That Claim Be Assigned for Hearing, together with all supporting documents, on the following party(ies) by way of

 (U.S. Mail, special delivery mail, e-mail, fax, hand delivery, etc.)

[Note: List name and address of each attorney or party served. Attach a separate sheet if necessary.]

 Signature Printed Name Date

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