

# 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](mailto: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	Date	Printed Name of Party Responding	Title
<b>Mailing Address:</b> Street and number, city, state and ZIP Code			

**Telephone Number:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_

**Notice to Employees:** 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](mailto: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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