North Carolina Industrial Commission

IC File #_____

REQUEST THAT CLAIM BE ASSIGNED FOR HEARING

Employee's Name (**LAST NAME**) (**FIRST NAME**)	Employer's Name Email Address ( ) Telephone Number
Address Email Address	Employer's Address City State Zip
City State Zip	Insurance Carrier
( ) Home Telephone ( ) Work Telephone	Carrier's Address City State Zip
XXX-XX- Last 4 Digits of SSN ☐ M ☐ F Sex / / Date of Birth	( ) Carrier's Telephone Number Adjuster's Name Email Address

Date of injury: _____ Part of body: _____

City and county where the injury occurred: _____

Estimated length of hearing: _____

This case will be set in the county where the injury occurred unless otherwise authorized by the Commission. If the requesting party wants the hearing to be set in a different county, name the county below and the reason for that location.

_____ (County) _____ (Reason for setting)

I, _____, ☐ Plaintiff/Attorney ☐ Defendant/Attorney, respectfully notify you that the above named parties have failed to reach an agreement regarding compensation, and I request a hearing.

We have been unable to agree because (State reason with specificity. If appealing an Administrative Order, provide the file date of the Order and the name of the hearing officer who issued the order.):

_____

_____

_____

_____

_____

Employee believes he or she is entitled to the following workers' compensation benefits (check all that apply):

- ☐ Payment of compensation for days missed (give dates): _____
- ☐ Payment of medical expenses/treatment: _____
- ☐ Payment for permanent partial disability: _____
- ☐ Payment for permanent and total disability: _____
- ☐ Payment for scars: _____
- ☐ Other: _____

Has claimant participated in mediation? ☐ Yes ☐ No

ATTORNEYS:
FILE VIA ELECTRONIC DOCUMENT FILING PORTAL
HTTPS://WWW.IC.NC.GOV/DOCFILING.HTML

EMPLOYEE FILING OPTIONS:
E-MAIL TO DOCKETS@IC.NC.GOV
FAX TO (919) 715-0282
MAIL TO NCIC-DOCKET SECTION
1236 MAIL SERVICE CENTER
RALEIGH, NC 27699-1236

HELPLINE: (800) 688-8349
WEBSITE: HTTPS://WWW.IC.NC.GOV

FORM 33

Below is a list of names of all witnesses, including doctors, whose testimony is to be taken by the requesting party. Addresses must be provided for the doctors listed below.

NAME	ADDRESS

I hereby certify that this case is ready for hearing. 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 Industrial Commission Form 36.

Signature of Party Requesting Hearing
Check one: ☐ Employee, ☐ Employer; ☐ Attorney

Printed Name of Party Requesting Hearing

Mailing Address: Street and number, city, state and ZIP Code

Telephone Number: **Date of Notice:**

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. 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 33 Request 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

ATTORNEYS:
FILE VIA ELECTRONIC DOCUMENT FILING PORTAL
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