North Carolina Industrial Commission IC File #_____

RESPONSE TO REQUEST THAT CLAIM BE ASSIGNED FOR HEARING

Employee's Name	Email Address	Employer's Name	Email Address / ( ) 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- Last 4 Digits of SSN	☐M ☐F Sex / / Date of Birth	( ) Carrier's Telephone Number	Adjuster's Name Email Address

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:* ***HTTPS://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: ***HTTPS://WWW.IC.NC.GOV***

FORM 33R

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**

Mailing Address: 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. 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

FORM 33R

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