

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: _____

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
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