

FORM B
REQUEST FOR HEARING SETTINGS

Employee: _____ Injury Number (s): _____

Venue of case _____

Employer: _____ Insurer: _____

Is the Second Injury Fund a party? Yes _____ No _____

FINAL HEARING SETTING REQUEST (Must check box 1 **AND** 2, 3 or 4)

1. The parties have mediated the case and been unable to resolve their disputes **AND** have made the following preparation for trial:
2. On behalf of my client, I have served a 60-day letter as provided in §287.210 RSMo 1993; (Remember if the Second Injury Fund is a party, depositions must be taken.) **OR**
3. I have obtained the following dates for my experts' depositions:

Dates of depositions: _____;

Names of Experts: _____; **OR:**

4. I can otherwise demonstrate my readiness for hearing in the following way:

*Will the hearing take longer than 4 hours? YES () NO ()

HARDSHIP HEARING REQUEST

If you are asking for a hardship setting please check the statements that apply:
(Must check box 1 **AND** 2 **AND** 3 **AND/OR** 4)

- _____ 1. The claimant does NOT have a final rating. (If employee has a final permanent partial disability rating or permanent partial disability rating with an opinion that he needs further medical care the case is NOT a hardship but is ready for final disposition—with one of the issues being future medical treatment.) **AND**
- _____ 2. The parties have had a hardship mediation (to obtain a hardship mediation, conference call opposing counsel and the Kansas City Division of Workers' Compensation for a convenient time) **AND**
- _____ 3. My client is alleging he is in need of medical treatment. (Employee must have admissible medical evidence supporting this position.) **AND/OR**
- _____ 4. My client is alleging he is entitled to temporary total disability benefits. (Employee must have evidence supporting this position.)

The undersigned, _____ (print or type your name) requests, on behalf of his/her client, who is the _____ (indicate whether claimant, employer/insurer, or Second Injury Fund), that the above-captioned case be set as soon as possible.

I certify that I have mailed or delivered a copy of this request to the Division of Workers' Compensation in Kansas City, Missouri, and to any other attorneys involved in the case on the _____ day of _____, 2004.

Signature

Address and Phone# of Attorney requesting Hearing

FORM A
REQUEST FOR PRE-HEARING OR MEDIATION SETTING

Employee: _____ Injury Number (s): _____

Employer: _____ Insurer: _____

Date of Injury: _____ SSN: _____

Is the Second Injury Fund a party? YES () NO ()

If so, has a settlement with the Employer/Insurer already been approved? YES () NO ()

Is this a claim for permanent total disability? YES () NO ()

Is the Employer uninsured? YES () NO ()

Please check the box next to the statement that best describes the current status of your case.

PRE-HEARING SETTINGS

{ } The claim has been denied and claimant has no medical report, but there is a need to discuss the basis of the denial with the other side so that we may determine how to proceed toward resolution; **OR**

{ } The claimant has been released from treatment but desires additional treatment, and such treatment has been refused by the employer. Although claimant has no medical report, we need to discuss the issue of additional treatment and determine how to proceed toward resolution; **OR**

{ } My client has a final rating report; the other party does not have a final rating report, and my client wants me to move toward resolving this claim.

MEDIATION SETTINGS *

{ } Both parties have final rating reports but have been unable to reach a settlement agreement; **OR**

{ } My client has had a rating report for over three months but the other side does not have a final rating report. My client wants this case resolved; **OR**

{ } The parties have been unable to resolve the Second Injury Fund claim and the claimant has all medical records and reports on which he/she will rely at a hearing.

{ } If none of the above statements describe the current status of your case, please check this box and attach an explanation on a separate page. The Division will decide which type of setting is appropriate based on the explanation you provide.

The undersigned, _____, (print or type your name) requests, on behalf of his/her client, who is the _____ (indicate whether claimant, employer/insurer, or Second Injury Fund), that the above-captioned case be set as soon as possible.

I certify that I have mailed or delivered a copy of this request to the Division of Workers' Compensation in Kansas City, MO, and to any other attorneys involved in the case on the _____ day of _____ 2004.

THIS REQUEST MUST BE MAILED TO THE SECOND INJURY FUND IF THE FUND IS A PARTY.

Address & Phone # of Attorney requesting setting

Signature

***HARDSHIP MEDIATIONS**

If claimant has expert evidence showing that he/she is in need of ongoing medical treatment or that he/she is entitled to ongoing temporary total disability benefits as a result of the work-related injury, a hardship mediation should be arranged. A conference call to the Division must be made and a date certain for the hardship mediation will be assigned.

FORM C
REQUEST FOR SHOW CAUSE WHY CLAIM SHOULD NOT BE DISMISSED SETTING

Employee: _____

Injury Number (s): _____

Employer: _____

Insurer: _____

Venue of case: _____

Please complete the following questions:

1. Date of Injury: _____

2. Date Claim Filed: _____

3. Did the employer provide any workers' compensation benefits? _____

4. If no benefits were provided by the employer, briefly state reasons for denial of benefits:

5. If the employer provided benefits, please answer the following questions:

a. Date when the employee was fully released from authorized medical treatment: _____

b. Number of weeks, if any, temporary benefits were provided: _____

c. Does the employer have a final rating? _____

d. If so, date the rating report was issued: _____

6. To your knowledge, has the employee obtained a final rating? _____

7. Briefly explain why you are requesting a Show Cause setting: _____

8. Have you sent a letter advising the employee's attorney that you will be filing this request for a Dismissal Setting in thirty days unless certain steps are taken? _____ If your answer is no, this form will be REJECTED BY THE DIVISION. If yes, you must attach a copy of the letter you sent to the employee's Attorney.

The undersigned, _____, (print or type your name) requests, on behalf of his/her client, who is the _____ that the above-captioned case be set as soon as possible.

I certify that I have mailed or delivered a copy of this request to the Division of Workers' Compensation in Kansas City, Missouri, and to any other attorneys involved in the case on the _____ Day of _____, 2004.

Signature

Address and Phone# of Attorney Requesting Setting

