

FORM 13

Send original to
Court of Existing Claims and 1 copy to
All Other Parties of Record

COURT OF EXISTING CLAIMS
1915 NORTH STILES, STE 127
OKLAHOMA CITY, OKLAHOMA 73105-4918

THIS SPACE FOR COURT USE ONLY

(Please type or print)

In re claim of:

Full Name of Claimant (Injured Employee)
Claimant's Social Security Number (LAST 4 DIGITS ONLY) XXX-XX-_____
Name of Employer or Respondent
Employer's Insurance Carrier, Permit # for Court Approved Individual Self-Insured or Own Risk Group, Uninsured

REQUEST FOR PREHEARING CONFERENCE

WCC FILE NO.
Date of Injury

NOTE: Mediation is available to address certain workers' compensation disputes. For information, call (918) 581-2714.

1. Movant respectfully requests that the captioned cause be set for Prehearing Conference at the earliest possible date to address the following issue(s):

- a. Motion to Terminate Temporary Compensation.
- b. Objection to Termination of Temporary Compensation based on: Court Appointed IME Treating Physician
 85 O.S. Section 332(G) Other _____ (Specify)
- c. Motion to Appoint an Independent Medical Examiner.
- d. Employer Objection to Claimant's Request for Change of Physician.
- e. Motion to Consolidate. LIST ALL COURT FILE NUMBERS, EXCLUDING THE ONE LISTED ABOVE.

- f. Motion to Hold in Abeyance.
- g. Motion to Join Additional Parties. **Include the name and complete address, including the zip code, of EACH additional party and INSURER, and the alleged DATE OF INJURY.** (Use additional sheets if necessary.) A COPY OF THIS MOTION MUST BE MAILED TO EACH ADDITIONAL PARTY AND INSURER LISTED.

Additional Party & Address, including City/State/Zip	Insurer & Address, including City/State/Zip	Alleged Date of Injury
_____	_____	_____
_____	_____	_____

- h. Mediation Order. (Note: Contact the Counselor Department directly to pursue mediation by mutual agreement without Court order.)
- i. Motion to Review Permanent Total Disability Status pursuant to 85 O.S., Section 336(C).
- j. Other _____ (specify).

2. Has a trial judge previously been assigned by the Court to hear all matters relating to the above-captioned cause of action?

YES NO ASSIGNED TRIAL JUDGE: _____.

THE PARTY MAKING THIS REQUEST FOR A PREHEARING CONFERENCE HEREBY CERTIFIES THAT THE PARTIES HAVE DISCUSSED THE ISSUE TO BE PRESENTED TO THE COURT AND CANNOT, IN GOOD FAITH, REACH A RESOLUTION OF THE ISSUE WITHOUT THE COURT'S ASSISTANCE.

I declare under penalty of perjury that I have examined all statements contained herein and they are true, correct and complete, to the best of my knowledge and belief. Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony.

I HEREBY CERTIFY THAT A COPY HAS BEEN SENT TO:

Opposing Party/Counsel
Address (Number and Street)
City State Zip Code

Signed this _____ day of _____
Signature of Requesting Party
Address
City State Zip Code
Telephone Number of Requesting Party
Print or type name of Attorney OBA #