

OKLAHOMA COURT OF EXISTING CLAIMS
1915 NORTH STILES □ OKLAHOMA CITY, OK 73105-4918 □ (405)522-8640

R E Q U E S T F O R C O U R T F O R M S

THE FOLLOWING COURT FORMS ARE AVAILABLE FREE OF CHARGE
FROM THE COURT OF EXISTING CLAIMS.

They also may be downloaded from the Court's web site at www.owcc.state.ok.us.

TO ORDER, COMPLETE THIS FORM AND SEND IT TO THE COURT OF EXISTING CLAIMS AT THE ABOVE ADDRESS, ATTENTION: FORM REQUEST. YOU MUST INCLUDE A SELF-ADDRESSED, STAMPED ENVELOPE LARGE ENOUGH TO ACCOMMODATE THE QUANTITY OF FORMS ORDERED. CALCULATE POSTAGE USING THE CHART BELOW.

ALL FORMS EXCEPT FORM 1A	Quantity	1-5	6-11	12-17	18-24	25-30	31-36	37-42	43-49	50-55	56-61	62-67	68-73	74-79	80-100
	Postage	42¢	83¢	\$1.00	\$1.17	\$1.34	\$1.51	\$1.68	\$1.85	\$2.02	\$2.19	\$2.36	\$2.53	\$2.70	Ship Bulk Rate
FORM 1A	Quantity	1	2-5	6-8	9-11	12-14	15-17	18-20	21-23	24-25	26-27	28-30	31-33	34-36	37 and above
	Postage	42¢	83¢	\$1.00	\$1.17	\$1.34	\$1.51	\$1.68	\$1.85	\$2.02	\$2.19	\$2.36	\$2.53	\$2.70	Ship Bulk Rate

Form No.	Description	Quantity	Form No.	Description	Quantity
A	Claimant's Application for Change of Physician and Request for Hearing		10M	Response to Request for Payment of Charges for Medical or Rehabilitation Services	
A-ORDER	Order for Change of Treating Physician		13	Request for Prehearing Conference.	
1A	Oklahoma Workers' Compensation Notice and Instruction to Employers and Employees		14	Agreement Between Employer and Employee as to Fact with Relation to an Injury and Payment of Compensation (For injuries occurring before 7/1/05)	
1A	A Viso E Instruccionas Para Todas Los Empleados Y Empleadores Sombre La Compensacion Para Los Trabajadores De Oklahoma		17	Disclosure Statement	
1B	Employer's Application for Permission to Carry Its Own Risk Without Insurance (Three Page Form)		18	Request For Administrative Review of Disputed Medical Charges	
1X	Compromise Settlement		19	Request for Payment of Charges for Medical or Rehabilitation Services/ Notice of Appeal of Administrative Order	
CCS	Certificate To Settle By Compromise Settlement		20	Proof of Loss For Spouse and Children	
2	Employer's First Notice of Injury		26	Memorandum of Agreement as to Fact with Relation to an injury and Payment of Disability Compensation. (For injuries occurring after 6/30/05)	
3	Employee's First Notice of Accidental injury and Claim for Compensation		93	Application and Order for Leave to Withdraw as Attorney of Record	
3A	Claimant's First Notice of Death and Claim for Compensation		99	Pauper's Affidavit	
3B	Employee's First Notice of Occupational Disease and Claim for Compensation		100	Claimant's Application and Order for Dismissal	
3E	Employee's Claim for Benefits for Combined Disabilities Against the Last Employer		463	Application for Physicians Seeking Appointment as an Independent Medical Examiner	
3F	Employee's Claim for Benefits From Multiple Injury Trust Fund		626	Application for Medical Case Manager	
4	Treating Physician's Report and Notice of Treatment		862	Application for Vocational Rehabilitation Evaluator	
4A	Treating Physician's Progress Report		JP	Joint Petition	
5	Physician's Report on Release and Restrictions		CJP	Certificate of Joint Petition	
7	Designation of Service Agent				
9	Motion to Set for Trial				
10	Answer and Pretrial Stipulation Offered by Respondent				
10A	Respondent's Response to Claimant's FORM-A Application For Change Of Physician				