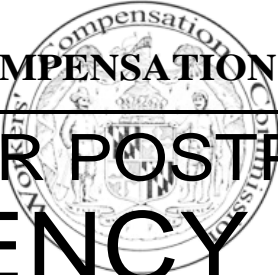


WORKERS' COMPENSATION COMMISSION

REQUEST FOR POSTPONEMENT OF EMERGENCY HEARING



INSTRUCTIONS: This form is to be used by parties to a compensation claim only to request that a scheduled emergency hearing be continued or postponed. Fill out this form as completely as possible and submit to the Commission for appropriate action. The form is to be used only to request an emergency hearing continuance, and is to be submitted without a cover letter. *The Commission does not accept FAXed documents.

REQUEST TO THE COMMISSION

The undersigned party to this Workers' Compensation Claim hereby requests that the emergency hearing scheduled for the date and location described below be continued for the reason(s) specified.

CLAIM IDENTIFICATION

CLAIM NUMBER: CLAIMANT'S NAME:
EMPLOYER:
INSURER:

CURRENTLY SCHEDULED HEARING INFORMATION

HEARING DATE: LOCATION:

JUSTIFICATION/REASON FOR CONTINUANCE:

POSTPONEMENT REQUESTED BY:
FULL NAME: CLAIMANT CLAIMANT'S ATTY EMPLOYER/INSURER EMP/INS ATTY OTHER:
ADDRESS: STREET TELE:
CITY STATE ZIP CODE

CERTIFICATE OF SERVICE
I HEREBY CERTIFY that on this th day of , a copy of the aforesaid
Emergency Hearing Request for Postponement was sent by fax or first class mail postage prepaid to:
CLAIMANT CLAIMANT'S ATTY EMPLOYER/INSURER EMP/INS ATTY OTHER:
SENT FROM: TELE:
STREET, CITY, STATE, ZIP CODE