

REQUEST THAT CLAIM BE ASSIGNED FOR HEARING

IC File # _____

The Use of This Form Is Required Under the Provisions of the Workers' Compensation Act.

Social Security Number Disclosure Statement

The North Carolina Public Records Act (N.C. Gen. Stat. § 132-1.10) permits the North Carolina Industrial Commission to request a social security number from an individual when doing so is imperative to the performance of its duties and responsibilities. The purpose of requesting your social security number on this form is for the Industrial Commission to verify the correct employer with the North Carolina Department of Commerce, Division of Employment Security and to identify workers' compensation insurance coverage. The disclosure of a social security number by an individual to the Industrial Commission is voluntary. Social security numbers are confidential and exempt from public disclosure by the Industrial Commission. The Industrial Commission may not share your social security number unless otherwise permitted to do so pursuant to N.C. Gen. Stat. § 132-1.10.

Employee's Name (LAST NAME) (FIRST NAME)	()	Employer's Name	Telephone Number
Address		Employer's Address	City State Zip
City State Zip		Insurance Carrier	
Home Telephone ()	Work Telephone ()	Carrier's Address	City State Zip
Social Security Number	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Carrier's Telephone Number ()	Fax Number
	Date of Birth / /		

Date of injury: _____ Part of body: _____

City and county where the injury occurred: _____

Estimated length of hearing: _____

This case will be set in the county where the injury occurred unless otherwise authorized by the Commission. If the requesting party wants the hearing to be set in a different county, name the county below and the reason for that location.

(County) _____ (Reason for setting in requested county) _____

I, _____, Plaintiff/Attorney Defendant/Attorney, respectfully notify you that the above named parties have failed to reach an agreement regarding compensation, and I request a hearing.

We have been unable to agree because (State reason with specificity. If appealing an Administrative Order, provide the file date of the Order and the name of the hearing officer who issued the order.):

Payment of compensation for days missed (give dates): _____

Payment of medical expenses/treatment: _____

Payment for permanent partial disability: _____

Payment for permanent and total disability: _____

Payment for scars: _____

Other: _____

Has claimant participated in mediation? Yes No

ATTORNEYS:
FILE VIA **ELECTRONIC DOCUMENT FILING PORTAL**
[HTTP://WWW.IC.NC.GOV/DOCFILING.HTML](http://www.ic.nc.gov/docfiling.html)

EMPLOYEE FILING OPTIONS:
E-MAIL TO DOCKETS@IC.NC.GOV
FAX TO (919) 715-0282
MAIL TO NCIC-DOCKET SECTION
1236 MAIL SERVICE CENTER
RALEIGH, NC 27699-1236

HELPLINE: (800) 688-8349
WEBSITE: [HTTP://WWW.IC.NC.GOV](http://www.ic.nc.gov)

Below is a list of names of all witnesses, including doctors, whose testimony is to be taken by the requesting party. Addresses must be provided for the doctors listed below.

NAME	ADDRESS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I hereby certify that this case is ready for hearing. 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 of Party Requesting Hearing Check one: <input type="checkbox"/> Employee, <input type="checkbox"/> Employer, <input type="checkbox"/> Attorney	Printed Name of Party Requesting Hearing
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Mailing Address: Street and number, city, state and ZIP Code

Telephone Number:	Date of Notice:
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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 33 Request 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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