

STATE OF FLORIDA
 DIVISION OF ADMINISTRATIVE HEARINGS
 OFFICE OF THE JUDGES OF COMPENSATION CLAIMS

PETITION FOR WORKERS' COMPENSATION BENEFITS

Employee/Claimant petitions the Office of the Judges of Compensation Claims for an order requiring Employer/Carrier to provide benefits due under Chapter 440, Florida Statutes as claimed below.

EMPLOYEE: ADDRESS: TELEPHONE:	OJCC CASE NO. (required if previously issued): or, EMPLOYEE'S SOCIAL SECURITY NO.: or attach a VERIFIED MOTION FOR SUBSTITUTE IDENTIFICATION NUMBER (form available on the OJCC website at www.jcc.state.fl.us)
EMPLOYER: ADDRESS: TELEPHONE:	CARRIER: ADDRESS: TELEPHONE:
CLAIMANT'S NAME (if different from the employee): TELEPHONE NO.: ADDRESS:	
EMPLOYEE/CLAIMANT'S ATTORNEY (if any): FLORIDA BAR NO.: TELEPHONE NO.: ADDRESS:	
DATE OF ACCIDENT (disablement date if occupational disease): ACCIDENT COUNTY: ACCIDENT STATE:	
DETAILED DESCRIPTION OF JOB RESPONSIBILITIES:	SPECIFIC WORK BEING PERFORMED WHEN INJURY OCCURRED:
DETAILED DESCRIPTION OF THE ACCIDENT: PART(S) OF BODY INJURED:	IS THIS PETITION FOR MEDICAL BENEFITS ONLY (Y/N): AWW 13 WEEKS PRECEDING ACCIDENT: CURRENT AWW: CURRENTLY WITH SAME EMPLOYER (Y/N): CURRENT WORK LEVEL: HAS MMI BEEN REACHED (Y/N): IF SO, DATE OF MMI:

1. Jurisdiction: The Judge of Compensation Claims has jurisdiction over the parties and the subject matter of this petition.

2. Managed care grievance procedures, if required, were exhausted under F.S. §440.192(3). The Grievance was dated: _____.

3. Character of disability. The injury/injuries occasioned by the events described above has/have adversely affected the injured employee's capacity to earn in the same or any other employment the wages that the employee was receiving at the time of the injury. Specifically, the injury prevents the injured employee from:

4. The following benefits are claimed due, ripe and owing but not provided:

- _____ Temporary Total Disability benefits from ____/____/____ to ____/____/____ at a specific monetary compensation rate of \$_____ per week.
- _____ Temporary Partial Disability benefits from ____/____/____ to ____/____/____ at a specific monetary compensation rate of \$_____ per week.
- _____ For accidents prior to 1994, impairment benefits due under Section 440.15(3)(a), Florida Statutes, (1979) \$_____. The permanent impairment due to the injury is _____% of the whole body.

These benefits are based on:

- _____ Permanent Impairment due to total loss of use of _____(body part affected).
- _____ Permanent Impairment due to amputation of _____, (which was amputated after July 1, 1990).
- _____ Permanent Impairment due to the loss of 80% vision of either eye after correction.
- _____ Serious facial injury or head disfigurement.
- _____ For accidents prior to 1994, Wage-loss benefits payable under Section 440.15(3)(b), Florida Statutes, from ____/____/____ to ____/____/____ at a rate of \$_____ per week. If the petitioner had earnings during the foregoing period of time, attach a list of the earnings on a biweekly basis or attach wage-loss request forms.
- _____ Impairment benefits of \$_____ due under Section 440.15(3)(a)3, Florida Statutes (1994).
- _____ Supplemental benefits of \$_____ due under Section 440.15(3)(b), Florida Statutes (1994).
- _____ Permanent Total Disability benefits under Section 440.15(1), Florida Statutes, from ____/____/____ to the present and continuing at a rate of \$_____ per week.
- _____ Death benefits payable under Section 440.16, Florida Statutes.
- _____ Correction of AWW and resulting Compensation Rate due to _____.

_____ Medical Expenses incurred for treatment of the employee's injury as provided under Section 440.13(2), Florida Statutes. The employee has specifically requested the payment of the charges, but the employer/carrier has failed, refused, or neglected to do so within a reasonable amount of time. The following medical charges have not been paid (use additional paper if necessary):

_____ Medical care under the supervision of Dr(s): _____.

The employee has previously requested the treatment, but the employer/carrier has failed, refused, or neglected to provide such treatment within a reasonable time.

_____ The injured employee seeks _____ (type of medical treatment).

_____ The treatment is needed because _____.

_____ Medically necessary (professional/nonprofessional) attendant care as per the direction of a physician. The employee has previously specifically requested the attendant care, but the employer/carrier has failed, refused, or neglected to provide the care within a reasonable time. The injured employee seeks attendant care because _____.

_____ Physician who prescribed care: Dr. _____.

_____ Reimbursement of mileage to and from medical care providers in the amount of \$_____ (mileage statement must be attached).

_____ Rehabilitative Temporary Total Compensation under Section 440.491(6)(b), Florida Statutes, from ____/____/____ to ____/____/____ at a specific rate of \$_____ per week.

_____ Interest and Penalties on unpaid benefits.

_____ Costs and attorney's fees from E/C under Section 440.34(3)(a)-(d), Florida Statutes.

_____ Reimbursement of prescription bills in the amount of \$_____ (see attached).

_____ The employer/carrier/servicing agent has denied the compensability of the accident or injury.

_____ Other issue(s) not referenced above: _____.

