



Workers' Compensation Division

Request for Hearing

Please type or print. Not all information will apply to every case. Complete all areas that apply.

Requester name and address:	Worker name and address:
Phone: _____ Fax: _____	Phone: _____ Fax: _____
Employer's name and address (for WBF assessment cases): _____	
Worker's attorney (if any) name and address: _____	
Phone: _____	Fax: _____
Requester's identity:	
<input type="checkbox"/> Worker	<input type="checkbox"/> Worker's attorney
<input type="checkbox"/> Insurer	<input type="checkbox"/> Medical service provider
<input type="checkbox"/> Employer	<input type="checkbox"/> Employer's attorney
<input type="checkbox"/> Managed care organization	<input type="checkbox"/> Other: _____
Date of injury: _____	
Insurer claim number: _____	
WCD file number: _____	
Order number being appealed: _____	

I request a hearing concerning (check below all that apply):

- Medical fee – ORS 656.248
- Medical services – ORS 656.245
- Medical treatment – ORS 656.327
- Managed care organization (MCO) medical dispute – ORS 656.260
- MCO non-medical dispute – ORS 656.260 (identify):
- Vocational assistance – ORS 656.340
- Penalty (sole issue) – ORS 656.262(11)
- Workers’ Benefit Fund assessment – ORS 656.506
- Attorney fees – ORS 656.385
- Other (identify and cite applicable statute):

Mail to:

WCD Hearings
P.O. Box 14480
Salem, OR 97309-0405

Signature of requester

Date

Hand deliver to:

WCD Hearings
350 Winter St. NE, 2nd floor
Salem, OR 97301

Or email to:

WCD.hearings@oregon.gov

Or fax to:

WCD Hearings
503-947-7511

If you have questions, call: 503-947-7822

2839

(1) A request for hearing on a matter within the director's jurisdiction must be filed with the division no later than the filing deadline. Filing deadlines will not be extended except as provided in section (7) of this rule.

(2) A request for hearing must be in writing. A party may use the division's Form 2839, available on the division's website at <http://wcd.oregon.gov/forms/Pages/forms.aspx>. A request for hearing must include the following information, as applicable:

- (a) The name, address, and phone number of the party making the request;
- (b) Whether the party making the request is the worker, insurer, medical provider, employer, any other party, or an attorney on behalf of a party;
- (c) The number of the administrative order being appealed;
- (d) The worker's name, address, and phone number;
- (e) The name, address, and phone number of the worker's attorney, if any;
- (f) The date of injury;
- (g) The insurer's or self-insured employer's claim number;
- (h) The division's file number; and
- (i) The reason for requesting a hearing.

(3) Requests for hearing may be filed in any of the following ways:

- (a) By mail, to the following address:

WCD Hearings
Workers' Compensation Division
P.O. Box 14480
Salem, OR 97309-0405

- (b) By hand-delivery, to the following address:

WCD Hearings
350 Winter Street NE, 2nd floor
Salem, OR 97301

(c) By fax, to 503-947-7511, if the document transmitted indicates that it has been delivered by fax, is sent to the correct fax number, and indicates the date the document was sent.

(d) By email, to wcd.hearings@oregon.gov. If the request for hearing is an attachment to the email, it must be in a format that Microsoft Word 2010® (.docx, .doc, .txt, .rtf) or Adobe Reader® (.pdf) can open. Image formats that can be viewed in Internet Explorer® (.tif, .jpg) are also acceptable.

(e) By using the online form, available on the division's website at <http://wcd.oregon.gov/forms/Pages/request-a-hearing.aspx>.

(4) The requesting party must send a copy of the request to all known parties and their legal representatives, if any.

(5) Timeliness of requests for hearing will be determined under OAR 436-001-0027.

(6) The director will refer timely requests for hearing to the board for a hearing before an administrative law judge. The director may withdraw a matter that has been referred if the matter is not appropriate for hearing at that time.

(7) The director will deny requests for hearing that are filed after the filing deadline. The requesting party may request a limited hearing on the denial of the request for hearing within 30 days after the mailing date of the denial. The request must be filed with the division. At the limited hearing, the administrative law judge may consider only whether:

- (a) The denied request for hearing was filed timely; or

(b) Good cause existed that prevented the party from timely requesting a hearing on the merits. For the purpose of this rule, "good cause" includes, but is not limited to, mistake, inadherence, surprise, or excusable neglect.

436-001-0027 (effective April 1, 2018)

Timeliness; Calculation of Time

(1) Timeliness of any document required by these rules to be filed or submitted to the division is determined as follows:

- (a) If a document is mailed, it will be considered filed on the date it is postmarked.
- (b) If a document is faxed or e-mailed, it must be received by the division by 11:59 p.m. Pacific Time to be considered filed on that date.
- (c) If a document is delivered, it must be delivered during regular business hours to be considered filed on that date.

(2) The date and time of receipt for electronic filings is determined under ORS 84.043.

(3) Time periods allowed for a filing or submission to the division are calculated in calendar days. The first day is not included. The last day is included unless it is a Saturday, Sunday, or legal holiday. In that case, the period runs until the end of the next day that is not a Saturday, Sunday, or legal holiday. Legal holidays are those listed in ORS 187.010 and 187.020.

(4) If an employer or insurer receives a written request for hearing or administrative review from a worker, and the request should have been filed with the division, the employer or insurer must promptly forward the request to the division.

