North Carolina Industrial Commission

IC File # _____

REQUEST THAT CLAIM BE ASSIGNED FOR HEARING

Emp. Code # _____

Carrier Code # _____

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

Carrier File# _____

Employer FEIN _____

Employee's 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 ☐ M ☐ F Sex / / Date of Birth	( ) Carrier's Telephone Number ( ) Fax Number

I, _____, respectfully notify you that the above named parties have failed to reach an agreement in regard to compensation, and I request a hearing.

We have been unable to agree because (state reason with specificity): _____

Employee believes he or she is entitled to the following workers' compensation benefits (check all that apply):

- ☐ 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

Date of injury: _____ Part of body: _____

City and county wherein injury occurred: _____

Estimated length of hearing: _____

Below is a list of names and addresses of all witnesses, including doctors, whose testimony is to be taken by the requesting party. Doctors outside the county of hearing are not required to attend this hearing.

NAME	ADDRESS

MAIL TO: ***NCIC - DOCKET SECTION***
4336 MAIL SERVICE CENTER
RALEIGH, NC 27699-4336
MAIN TELEPHONE: (919) 807-2500
HELPLINE: (800) 688-8349
WEBSITE: HTTP://WWW.IC.NC.GOV/

FORM 33

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 deliver them to the Sheriff of the county or counties in which each witness resides so that the subpoenas may be served.

(Signature of party requesting hearing, or attorney) (Title)

(Address: street and number, city, state and zip)

(Date of notice)

CERTIFICATION

I, _____,hereby certify that this case is ready for hearing. This case will be set in the county where the injury occurred unless good reason is shown for a different location. If you want the hearing in a different county, name the county below and your reason for that location.

(County) (Reason for setting)

(Signature)

Note: A copy of this form must be sent to opposing parties. The original of this form must be sent to the Industrial Commission at the address below:

FORM 33

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