FORM 13

Send original to
Workers' Compensation Court and 1 copy to
All Other Parties of Record

WORKERS' COMPENSATION COURT
1915 NORTH STILES
OKLAHOMA CITY, OKLAHOMA 73105-4918

THIS SPACE FOR COURT USE ONLY

In re claim of:

Full Name of Claimant (Injured Employee)
Claimant's Social Security Number
Name of Employer or Respondent
Employer's Insurance Carrier, Permit # for Court Approved Individual Self-Insured or Own Risk Group, Uninsured

(Please type or print)

REQUEST FOR PREHEARING CONFERENCE

COURT CLAIM # (Must be filled out)
Date of Injury

NOTE: A voluntary Mediation Program to address certain workers' compensation disputes is available through the Workers' Compensation Court. For information, call (405) 522-8760 or (800) 522-8210.

1. Movant respectfully requests that the captioned cause be set for Prehearing Conference at the earliest possible date to address the following issues:

☐ a. Motion for appointment of an Independent Medical Examiner.

☐ b. Motion to Consolidate. LIST ALL COURT CLAIM NUMBERS, EXCLUDING THE ONE LISTED ABOVE:

_____ _____ _____ _____

☐ c. Motion to Hold in Abeyance.

☐ d. Motion to Join Additional Parties. **Include names and addresses of parties AND INSURERS.** (Use additional sheets if necessary.)

Additional Party & Address, including City/State/Zip	Insurer & Address, including City/State/Zip	Alleged Date of Injury

A COPY OF THIS MOTION MUST BE MAILED TO THE ABOVE LISTED ADDITIONAL PARTIES AND INSURERS

☐ e. Settlement Conference } ☐ Settlement conference before a judge other than the assigned trial judge.
☐ Referral to the Counselor's Office for mediation.

☐ f. Other_____

2. Has a trial judge previously been assigned by the Court to hear all matters relating to the above-captioned cause of action?
☐ YES ☐ NO ASSIGNED TRIAL JUDGE: _____

3. The agreed venue for this Prehearing is: ☐ Oklahoma City ☐ Tulsa

THE PARTY MAKING THIS REQUEST FOR A PREHEARING CONFERENCE HEREBY CERTIFIES THAT THE PARTIES HAVE DISCUSSED THE ISSUE TO BE PRESENTED TO THE COURT AND CANNOT, IN GOOD FAITH, REACH A RESOLUTION OF THE ISSUE WITHOUT THE COURT'S ASSISTANCE.

I declare under penalty of perjury that I have examined all statements contained herein, and to the best of my knowledge and belief, they are true, correct and complete. Any person who commits workers' compensation fraud, upon conviction, shall be guilty of a felony.

I HEREBY CERTIFY THAT A COPY HAS BEEN SENT TO:

Opposing Party/Counsel		
Address (Number and Street)		
City	State	Zip Code

Signed this_____day of _____, _____

Signature of Requesting Party		
Address		
City	State	Zip Code
Telephone Number of Requesting Party		
Print or type name of Attorney		OBA #

11/01