

RETURN COMPLETED FORM TO  
**WORKERS' COMPENSATION COURT . . . ATTENTION: FORM REQUEST**  
 1915 NORTH STILES ♦ OKLAHOMA CITY, OK 73105-4918 ♦ (405) 522-8640

## REQUEST FOR COURT FORMS

**THE FOLLOWING FORMS, WITH THEIR RESPECTIVE REVISION DATES, HAVE BEEN ADOPTED BY THE COURT.**

- ❶ PLEASE INDICATE THE DESIRED QUANTITY OF FORM(S) AND RETURN THIS ORDER FORM ALONG WITH YOUR SELF-ADDRESSED, STAMPED ENVELOPE.
- ❷ THE CORRECT AMOUNT OF POSTAGE CAN BE DETERMINED FROM THE CHART BELOW.
- ❸ PLEASE BE CERTAIN YOUR ENVELOPE IS LARGE ENOUGH TO ACCOMMODATE THE QUANTITY OF FORMS ORDERED.

<b>ALL FORMS</b>	1-5	6-7	8-13	14-19	20-26	27-32	33-38	39-42	43-46	47-50	51-54	55-59	60-64	65	to	100
<b>EXCEPT 1-A</b>	34¢	57¢	80¢	\$1.03	\$1.26	\$1.49	\$1.72	\$1.95	\$2.18	\$2.41	\$2.64	\$2.87	\$3.10	Ship	bulk	rate
<b>FORM 1-A</b>	1	2-4	5-7	8-10	11-13	14-16	17-19	20-22	23-25	26-28	29-31	32-34	35-37	38	and	above
	34¢	57¢	80¢	\$1.03	\$1.26	\$1.49	\$1.72	\$1.95	\$2.18	\$2.41	\$2.64	\$2.87	\$3.10	Ship	bulk	rate

FORM NO.	DESCRIPTION	QUAN.		FORM NO.	DESCRIPTION	QUAN.
1-A	(English) Notice & Instructions to Employers & Employees	11/01		11	Motion to Terminate Temporary Compensation	11/01
1-A	(Spanish) Notice & Instructions to Employers & Employees	11/01		13	Request for Prehearing Conference	11/01
1-B	Employer's Application for Permission to Carry It's Own Risk Without Insurance	12/99		14	Agreement Between Employer & Employee as to Fact with Relation to an Injury and Payment of Compensation	1/02
A	Claimant's application for accelerated docket for Change of Physician	11/01		17	Physician's Disclosure Statement	11/01
A ORDER	ORDER APPROVING CHANGE OF PHYSICIAN	11/01		18	Request for Administrative Review of Medical Charges	11/01
2	Employer's First Notice of Injury	11/01		19	PLEASE NOTE: There are two parts to this Form: Part I: Request for Payment of Charges for Medical or Rehabilitative Services Part II: Notice of Appeal of Administrative Order	11/01
3	Employee's First Notice of Accidental Injury and Claim for Compensation	11/01		626	Application for Medical Case Management	11/01
3-A	Claimant's First Notice of Death & Claim for Compensation	11/01		20	Proof of Loss in Death Claim	11/01
3-B	Employee's First Notice of Occupational Disease and Claim for Compensation	11/01		93	Application & Order for Leave to Withdraw as Attorney of Record	1/02
3-E	Employee's Claim for Benefits for Combined Disabilities Against the Last Employer	11/01		99	Application to Determine Pauper Status	11/01
3-F	Employee's Claim for Benefits from the Multiple Injury Trust Fund	11/01		100	Claimant's Application & Order for Dismissal	11/01
4	Attending Physician's Report & Notice of Treatment	11/01		463	Application for Appointment as an Independent Medical Examiner	11/01
4-A	Attending Physician's Progress Report	11/01		862	Application for Appointment as a Vocational Rehabilitation Evaluator	11/01
5	Attending Physician's Release & Restrictions	11/01		N	EFFECTIVE JULY 1, 2001 NO LONGER ACCEPTED	
6	EFFECTIVE JULY 1, 2001 NO LONGER ACCEPTED			Joint Petition	Joint Agreement Between Parties Involved to Settle Claims Against the Respondent & Insurance Carrier	1/02
7	Designation of Service Agent	11/01		Certificate Of	Notification of Case Settlement by Joint Petition to all Medical Providers Who Have Given Treatment or Rendered Services	
8	Acknowledgment by Employee of Receipt of Compensation Payment	11/01		Joint Petition	to a Worker Who Has a Claim on File With Court	05/00
9	Motion to Set for Trial	11/01		Appointment of Independent Physician or Rehabilitation Evaluator		11/01
10	Answer & Pretrial Stipulation Offered by Respondent	11/01		<b>There is no charge for forms; however, you must send a self-addressed, stamped envelope as indicated above.</b>		
10M	Response to Request for Payment of Charges for Medical or Rehabilitation Services	11/01				

**REPRODUCTIONS OF THESE FORMS WILL BE ACCEPTED BY THE COURT ONLY WHEN THE CORRECT COLOR PAPER IS USED**