

Worker's Compensation PreHearing and Hearing Appearance Permit Application

Division of Hearings and Appeals
Office of Worker's Compensation Hearings
4822 Madison Yards Way
5th Floor North
Madison, WI 53707
Telephone: (608) 266-7709 Option 2 for WC
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*Provision of your Social Security Number (SSN) is voluntary. Failure to provide it may result in an information processing delay.
Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

Applicant Name				
Applicant Address		City	State	Zip Code
Applicant Telephone Number				

I apply for permission to appear at a worker's compensation hearing for: _____

In the matter of:

Employee Name	WC Claim Number
Employee Social Security Number*	Injury Date

vs.

Employer	Insurance Company
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I certify that I am 18 years of age or older and do not have an arrest or conviction record.

I certify that I have obtained permission to appear on _____ prior occasions.

I have attached a statement of my background, training and experience (if any) in Worker's Compensation matters.

Applicant Signature _____ Date Signed _____

Permission to appear granted.

Administrative Law Judge Signature _____ Date Signed _____

ALJ Comments: