

**DIVISION OF WORKERS' COMPENSATION
IN THE DISTRICT OFFICE OF: _____**
Workers Compensation Appeals Board

Applicant,

v.

Defendant(s).

**EXPEDITED HEARING REQUEST
and COVER SHEET**

DWC/WCAB Case No.:
DATE:
TIME:
LOCATION:

1. Moving party is: _____ . Request is hereby made for an Expedited Hearing pursuant to Labor Code §5502(b).

2. The basis of this LC§5502(b) request is (check appropriate box(es)):

- Medical treatment pursuant to Labor Code §4600
- Entitlement / Amount of temporary Disability indemnity payments.
- Vocational Rehabilitation services
- Multiple employer responsibility - two or more employers dispute liability.
- Other (explain): _____ .

3. The undersigned hereby affirms under penalty of perjury that s/he has made the following efforts to resolve the conflict:

_____ .

4. The undersigned hereby affirms under penalty of perjury that s/he has notified the parties by:

- Phone call and discussion with : _____ on _____, 20__.
- Facsimile service to: _____ on _____, 20__.
- Other (describe manner and date): _____.

DATED: _____

Signed by Moving Party (or representative)