

# JET Error Codes and Messages v8.1

Department of Industrial Relations Electronic Adjudication Management System

**Effective April, 2024**

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# Error Codes and Messages

**Note**: New/modified error messages are in blue font.

| ERROR CODE | ERROR MESSAGE(Primary) | ERROR MESSAGE DETAILS (Secondary)(This field will be part of error message and contain details on the sub category of the error message with field element values) | FIELD NAMES |
| --- | --- | --- | --- |
| 10000 | Invalid File Error | 1)This file is a duplicate, therefore EAMS rejected it2) Malformed XML -- can not open file.3) The maximum file size has been exceeded (can't exceed 100 MB per file).4) Duplicate Packet ID5) PCI violation – DIR cannot accept any form of money.  It must be sent directly to our PCI compliant financial processor.6) The submission file name is not formatted correctly, please adjust to show as follows: dir-pts-ud{JET account number}\_IN1\_{JET account number}-{date}-{some unique string}.xml. |  |
| 10010 | Schema Error | 1) Captured error at XML Bean level. Example: error: error: cvc-complex-type.2.4a: Expected element 'DwcPacketHeader@http://www.dir.ca.gov/dwc/EAMS/PresentTermSolution/Schemas/DWCPacket' instead of 'DwcPacketHead@http://www.dir.ca.gov/dwc/EAMS/PresentTermSolution/Schemas/DWCPacket' here in element DWCPacket@http://www.dir.ca.gov/dwc/EAMS/PresentTermSolution/Schemas/DWCPacket | 1) All fields outside the <Transaction> level. <Transaction> and inner elements continue to be caught at L2 under 20060. |
| 10020 | Invalid DWCPacket Value | 1) The packet id does not match with file name.2) Invalid Target.Environment.3) Invalid ClientUserId specified.4) The SFTP SubmitFormsToEams service name is incorrect.5) Other possible message returned from the system.  |   |
| 20000 | Invalid Date Value. | 1) <SectionName>.<FieldName>. must be earlier than the date of injury. 2) <SectionName>.<FieldName>. must be earlier or equal to current date. 3) <SectionName>.<FieldName>. is too far in the past (can't exceed 130 years earlier than current date). 4) <SectionName>.<FieldName>. must be equal to or later than the date of injury. 5) <SectionName>.<FieldName> must be equal to the date of original lien. 6) <SectionName>.<FieldName> must be later than <SectionName>.<FieldName>.7) Both the start date and the end date are needed for cumulative injuries.8) For a specific date of injury the end date must be blank.9) The date of signature must be later than the date of injury start.10) The date of the doctor report must not be earlier than the date of injury start.11) <SectionName>.<FieldName>. must be later than or equal to <SectionName>.<FieldName>.12) The date of original lien must be earlier than or equal to current date13) The date of Original Lien must not be earlier than current date – 7 days.14) <SectionName>.<FieldName> must be earlier than the current date. 15) <SectionName>.<FieldName> does not contain a valid date in format “mm/dd/yyyy”.16) Disability indemnity beginning date missing when end date entered.17) Disability indemnity end date must be equal to or later than the beginning date.18) Declarant signature date must be equal to or after ADJ case creation. | 1. **AppForADJ**

ApplicationSection.DateOfBirth.2) **AppForADJ**ApplicationSection.DateOfBirthInjuryInformation.DateOfInjuryStart**CompromiseAndRelease**ApplicationSection.DateOfBirthInjuryInformation.DateOfInjuryStartInjuryInformation.DateOfInjuryEnd**NoticeAndRequestOfLien**ApplicationSection.DateOfBirthInjuryInformation.DateOfInjuryStartLienInformationSection.DateOfOriginalLienProviderDeclaration.DateOfSignature**Stips**ApplicationSection.DateOfBirthInjuryInformation.DateOfInjuryStart**DOR**DeclarantSignatureSection.DateOfSignature,**DORExpedited**DeclarantSignatureSection.DateOfSignature**GoldenRodLien**ApplicationSection.DateOfBirthInjuryInformation.DateOfInjuryStartLienInformationSection.DateOfOriginalLienUnemploymentCompensation.DateOfBenefitsCommencing, AmendedLienDomain.DateTo.**Supplemental Lien Form and Section 4903.05(c) Declaration**DateOfSignature1. **AppForADJ**

ApplicationSection.DateOfBirthInjuryInformation.DateOfInjuryStart**CompromiseAndRelease** ApplicationSection.DateOfBirthInjuryInformation.DateOfInjuryStart**NoticeAndRequestOfLien**ApplicationSection.DateOfBirthInjuryInformation.DateOfInjuryStart **Stips**ApplicationSection.DateOfBirthInjuryInformation.DateOfInjuryStart **GoldenRodLien**ApplicationSection.DateOfBirthInjuryInformation.DateOfInjuryStart1. **AppForADJ**

DeclarantSignatureSection.DateofSignature**NoticeAndRequestOfLien**LienInformationSection.DateOfOriginalLienDeclarantSignatureSection.DateofSignature**GoldenRodLien**LienInformationSection.DateOfOriginalLienDeclarantSignatureSection.DateofSignature**Supplemental Lien Form and Section 4903.05(c) Declaration**DateOfSignature5) **NoticeAndRequestOfLien**DeclarantSignatureSection.DateofSignature. **GoldenRodLien**DeclarantSignatureSection.DateofSignature6) **GoldenRodLien**UnemploymentCompensation. DateOfBenefitsCommencing~InjuryInformation.DateOfInjuryStart.AmendedLienDomain.DateFrom.~ InjuryInformation.DateOfInjuryStart. 11) **CompromiseAndRelease**InjuryInformation.DateOfInjuryStart ~ ApplicationSection.DateOfBirth, **NoticeAndRequestOfLien**.InjuryInformation.DateOfInjuryStart ~ApplicationSection.DateOfBirth,**Stips**InjuryInformation.DateOfInjuryStart ~ApplicationSection.DateOfBirth, **GoldenRodLien**InjuryInformation.DateOfInjuryStart ~ApplicationSection.DateOfBirth, AmendedLienDomain.DateAmendedLienBenefitsEnd~AmendedLienDomain.DateAmendedLienBenefitsStart.14) **NoticeAndRequestOfLien** ProviderDeclaration.Provider.InitialDateOfService**Supplemental Lien Form and Section 4903.05(c) Declaration** Provider.InitialDateOfService**NoticeAndRequestOfLien** ProviderDeclaration.Provider.InitialDateOfService ProviderDeclaration.DateOfSignature**Supplemental Lien Form and Section 4903.05(c) Declaration** Provider.InitialDateOfService DateOfSignature16) For the Answer to Application for Adjudication of Claim form17) For the Answer to Application for Adjudication of Claim form18) For the Answer to Application for Adjudication of Claim form |
| 20010 | 1) Invalid Date Sets2) Invalid Date Value | 1) <SectionName>.<FieldName>. must be later than <SectionName>.<FieldName>.2) <SectionName>.<FieldName>. must be later than or equal to <SectionName>.<FieldName>3) Missing DateOfInjuryEnd, which is required if InjuryType is 'C' (Cumulative).4) DateOfInjuryEnd, is not required if InjuryType is 'I' (Specific Injury). | 1) **AppForADJ**InjuryInformation.DateOfInjuryEnd ~ InjuryInformation.DateOfInjuryStart,**CompromiseAndRelease**InjuryInformation.DateOfInjuryEnd ~ InjuryInformation.DateOfInjuryStart,**NoticeAndRequestOfLien**InjuryInformation.DateOfInjuryEnd ~ InjuryInformation.DateOfInjuryStart,**Stips**InjuryInformation.DateOfInjuryEnd ~ InjuryInformation.DateOfInjuryStart,**GoldenRodLien**InjuryInformation.DateOfInjuryEnd ~ InjuryInformation.DateOfInjuryStart,DeclarantSignatureSection.DateofSignature~ ApplicationSection.DateOfBirth2) **GoldenRodLien**AmendedLienDomain.DateAmendedLienBenefitsEnd~AmendedLienDomain.DateAmendedLienBenefitsStart. 4) **AppForADJ**CompromiseAndReleaseNoticeAndRequestOfLienStipsGoldenRodLien |
| 20020 | Conditional Mandatory  | 1) Missing DateOfInjuryEnd, which is required if InjuryType is ‘C’(Cumulative).2) Missing ClaimsAdministrator, which is required when Employer is insured or self insured or legally uninsured.3) Insurance Carrier must be blank when Employer is self insured or legally uninsured.4) ClaimsAdministrator and Insurance Carrier must be blank when Employer is uninsured.5) Missing S Signature, must have either Applicant Attorney/Representative Signature or Applicant Signature.6) Missing Injury Information for a case opening document.7) Missing S Signature, must have either Lien Claimant Attorney/Representative Signature or Lien claimant Signature.8) CoverSheet Walkthru Indicator (true) valid only for CompromiseAndRelease, Stips.9) The law firm UAN is required when the venue location is business.10) Missing principal issues.11) Missing declarant request reason.12) DeclarantRequestType can only be 'L' (Lien Conference) when DeclarantRoleTypeCode is 'L' (Lien Claimant)~~13) The Injury State must be 'CA'~~14) Missing the case number.15) Cannot schedule a Rating MSC or Priority Conference for a SAU DOR.16) DeclarantRequestType can only be 'L' (Lien Conference) or 'S' (Status Conference) when DeclarantRoleTypeCode is 'L' (Lien Claimant).17) Insurance Carrier section must be blank when the employer is uninsured.18) Missing Insurance Carrier section, which is required when the employer is insured, self insured or legally uninsured, and the Claims Administrator section is blank.19) Claims Administrator section must be blank when the employer is uninsured.20) Missing Claims Administrator section, which is required when the employer is insured, self insured or legally uninsured, and the Insurance Carrier section is blank.21) Answer to Application forx Adjudication of Claim is missing an entry in the Denials with Explanations section.22) Date of birth is required for case-opening submissions.23) Hearing date is required when hearing type is specified.24) Hearing type is required when hearing date is specified. | 13) This error message has been removed.15) For DOR forms filed against SAU cases.16) For DOR forms filed against SAU cases.17) For the Answer to Application for Adjudication of Claim form18) For the Answer to Application for Adjudication of Claim form19) For the Answer to Application for Adjudication of Claim form20) For the Answer to Application for Adjudication of Claim form21) For the Answer to Application for Adjudication of Claim form.22) For the case-opening DEU104 form.23) For the DEU104 form.24) For the DEU104 form. |
| 20030 | Invalid Uniform Assigned NameInvalid AddressInvalid Zip Code | 1) <Field Value> This name does not match a registered law firm, claims administrator or lien claimant UAN or Role in EAMS. Please refer to DWC’s web site for a list of valid UAN roles and contact CRU@dir.ca.gov to register for a new UAN assignment if needed.   For resubmission,  please use the resubmission ID from the L2 response file.2) The insurance carrier name does not match a registered claims administrator UAN in EAMS. Please refer to DWC's website for a list of valid UAN names and contact CRU@dir.ca.gov to register for a new UAN assignment if needed. For resubmission, please use the resubmission ID from the L2 response file.3) The claims administrator name does not match a registered claims administrator UAN in EAMS. Please refer to DWC's website for a list of valid UAN names and contact CRU@dir.ca.gov to register for a new UAN assignment if needed. For resubmission, please use the resubmission ID from the L2 response file.4) Answer filed on behalf of insurance carrier or both (employer and insurance carrier) must be the UAN name of a claims administrator or law firm.5) Address specified doesn't match with Employer Address6) The zip code for the venue criteria selected (injury location, primary attorney's address, or injured worker address) on the submitted document was either not provided or is an invalid USPS zip code. Please delete this batch and rescan it with the correct information entered.7) Request for Consultative Rating must contain the UAN name of a claims administrator or law firm.8) The zip code specified (<dynamically insert the provided zip code here>) for the venue criteria selected (<dynamically insert the venue type selected here – either “injury location”, “primary attorney's address”, or “injured worker address”>) on the submitted document is an invalid zip code. | For the Answer to Application for Adjudication of Claim formFor the Answer to Application for Adjudication of Claim formFor the Answer to Application for Adjudication of Claim formFor the DEU104 form. |
| 20040 | Resubmission Errors | 1) The resubmission ID provided is not valid.2) Resubmission ID is not for this form.3) This Resubmission ID <Field Value> has already been used.4) The Resubmission ID is missing.5) There is no Payment Reference Number for this submission.6) There are no records with the provided Resubmission ID and Payment Reference Number. |   |
| 20050 | Case Number Errors | 1) <SectionName>.<FieldName>.<XXXXXX>.Case Number found for Case Opening Document.2) Companion case listed for case opening document.3) Companion Cases listed on a Lien Claim.4) Invalid Case Number format. Case number <XXXXXX>5) Case Number not found in EAMS.6) Invalid Companion Case Number for Injured Worker. Case number <XXXXXX>7) This case has been archived. Case number <XXXXXX>8) A Case Number is required for this form9) Invalid Companion Case Number Format.10) Companion Case listed for AppForADJ case opening document.11) No match found for the case number provided (field value) and the injured worker's last name provided (field value).12) No match found for the Case Number<XXXXXX>, the Person's Last Name<Field Value> and the first three characters of the Person’s first name<Field Value>, specified in the <ProviderDeclaration> element. 13) The case number listed in the <ProviderDeclaration> element does not match the case number on the cover sheet.14) The case number listed on the cover sheet (field value) does not match the unit (field value) specified on the cover sheet.15) The companion case number(s) listed on the cover sheet does/do not match the unit specified on the cover sheet.16) No match found for the Case Number (<the case number provided>), the injured worker's last name (<the last name provided>) and the first three characters of the injured worker’s first name (<the first name provided>) specified.17) There is no case assigned to {DEU case number provided on the coversheet}; submit again with the correct case number, or as case opening with date(s) of injury on the coversheet. | 1) **AppForADJ**Coversheet.CaseNumber4) All non-case-opening formsCoversheet.CaseNumber6) All non-case-opening forms except Lien formsCoversheet.CaseNumber7) All non-case-opening formsCoversheet.CaseNumber11) UnstructuredForm Coversheet.CaseNumber, UnstructuredForm.personLastName12) For the Supplemental Lien Form and Section 4903.05(c) Declaration13) For the Supplemental Lien Form and Section 4903.05(c) Declaration14)CoverSheet.CaseNumberCoverSheet.Unit15) For the Cover sheet16) For the Answer to Application for Adjudication of Claim form17) For non-case-opening DEU104 form.For non-case-opening DEU102 form. |
| 20060 | Schema Errors | 1) Captured error at XML Bean level.**Example**: error: cvc-complex-type.2.4c: Expected element 'PrincipalIssueSection@http://www.dir.ca.gov/dwc/EAMS/PresentTermSolution/Schemas/Forms/DOR' before the end of the content in element DOR@http://www.dir.ca.gov/dwc/EAMS/PresentTermSolution/Schemas/Forms/DOR. (Level two validation error for DOR Missing principal issues). 2) CoverSheet URL is invalid...3) The injury information cannot have a duplicate body part. | 1) All fields.2) AppForADJ.BodyPart, CompromiseAndRelease.BodyPart, Stips.BodyPart, AppForADJ.VenueLocationCode, CompromiseAndRelease.VenueLocationCode, Stips.VenueLocationCode,AppForADJ.VenueOfficeCode, CompromiseAndRelease.VenueOfficeCode, Stips.VenueOfficeCode, AppForADJ.EmployerRoleTypeCode, CompromiseAndRelease.EmployerRoleTypeCode, Stips.EmployerRoleTypeCode, AppForADJ.AttorneyorAuthRepTypeCode, CompromiseAndRelease.AttorneyorAuthRepTypeCode, Stips.AttorneyorAuthRepTypeCode, NoticeAndRequestOfLien.AttorneyorAuthRepTypeCode, AppForADJ.InjuryType, CompromiseAndRelease.InjuryType, Stips.InjuryType |
| 20070 | Case Errors | 1) A case already exists in EAMS based on the injured worker's information specified in the JET submission file.2) There is no integrated case for this claimant.3) There are multiple integrated cases for this claimant.4) The Date of injury entered for the case number does not match the date of injury in EAMS.5) A case already exists for the given combination of injured worker and date of injury specified on the Application for Adjudication. | For case-opening STIPS and case-opening C&R. |
| 20080 | Invalid Injured Worker | 1) No match found for the Case Number, Injured Worker's last name, date of birth, date of injury or SSN. | On non-case opening document. |
| 20090 | Invalid Injured Worker | 1) Multiple spaces found between injured worker name. Remove and resubmit with only one character space between each part of the name. | For all forms that contain an injured worker’s first or last name. |
| 20110 | SubmitForms To EAMS Invalid Payload Error | 1) Invalid Version Number.2) Invalid TransactionID (must match packet id) <Field value>3) Duplicate TransactionID.4) A case opening transaction can only have one form.5) The types of additional forms in this transaction are not allowed with the primary form.6) This transaction exceeded the maximum number of forms allowed. |   |
| 20130 | Mandatory Attachment Not Found. | 1) WCAB 1 – [Attachment Name]2) 10214 (C) – [Attachment Name]3) 10214 (a) – [Attachment Name] 4) **10208.2**– [ Attachment Name]5) **10208.3** – [ Attachment Name]6) WCAB 6 – [ Attachment Name] 7) If you paid under the law in effect form 2004 to 2006, Confirmation of Payment must be attached.8) Unstructured Form must contain one or more attachments9) DE2581 – [ Attachment Name]10) DEU104 – [Attachment Name]11) DEU102 – [Attachment Name]12) For non-exempt lien filings, either the "4903.8 (D) DECLARATION" DOCTITLE or the 4903.8 (A) (B) ASSIGNMENT" DOCTITLE is mandatory. | For the WC Reform project, Original Bill is a mandatory attachment for the Notice and Request for Allowance of Lien form. Original Bill is a mandatory attachment for the Golden Rod Lien form.Proof of Service is mandatory for the DEU104 form.Proof of Service is mandatory for the DEU102 form.Non-exempt lien filings. |
| 20140 | 1) Invalid Attachment Found In Transaction2) Invalid Attachment Type refer to Business Rule BR9 | 1) <Doctitle> - <Doctype>2) Blank Attachments are not allowed{Attachment name} | When the document/attachment format is of a type not specified in BR9. Valid types are PDF, TIFF, DOC, XLS, DOCX, XLSX |
| 20150 | Non-mandatory Attachment Included With Form. | 1) <Doctitle>e.g.: VENUE VERIFICATION |  |
| 20160 | DOR Hearing Scheduled Error  | 1) Cannot schedule a hearing for a case when there is already a scheduled hearing.2) A hearing cannot be scheduled at this time, please contact the DWC District Office that has venue for additional information. |  |
| 20170 | Activation Error | 1) Invalid Lien Reservation Number for Activation, a reversal will be initialted.2) Lien Reservation Number is empty for activation, a reversal will be initiated.3) Liens created after 2012 cannot be activated, please file new lien, a reversal will be initiated.4) Invoice number does not match the Case Reference Number, a reversal will be initiated.5) Client User ID with XIE must be unique, a reversal will be initiated.6) The provided Payment Reference number no longer contains a valid payment.7) Invalid payment amount for this type of lien, a reversal will be initiated.8) Lien to be activated is exempt or already paid for, a refund will be initiated. |  |
| 20180 | Payment Error | 1) Malformed XML Payment Information.2) For non-exempt Liens, Payment is required.3) Invalid payment amount for this type of lien.4) Exempt Lien contains payment, a refund will be initiated. |  |
| 20190 | Validation Error | 1) For selected Reason for Lien, must specify nature and statutory basis in the Other Lien Text section.2) For selected Reason for Lien, must be exempt.3) For selected Reason for Lien, exempt reason 'This is not a lien filed under Labor Code section 4903(b) and is not a claim of costs filed as a lien' cannot be selected.4) Invoice number does not match the Case Reference Number.5) The transaction XIE does not match the Payment XIE.6) The Payment Details XIE does not match the Transaction Result XIE.7) For selected Reason for Lien, must contain valid Reason for Exempt.8) A non-exempt Lien cannot contain a Reason for Exempt.9) Client User ID with XIE must be unique.10) An exempt lien must contain a reason for exempt.11) The S Signature element is not correctly formatted. The signature must consist of the letter 'S' followed by the first and last name of the person signing the document. | - For the Answer to Application for Adjudication of Claim form |
| 20200 | Provider Declaration Errors | 1) For non-exempt medical liens with payment, the <ProviderDeclaration> element on the Notice and Request for Allowance of Lien form must be completed.2) The lien reservation number specified (field value) is not valid for the ADJ case number specified (field value).3) Lien Claimant's <Field name> is missing when the Lien Claimant Entity Type is set to <radio button label>, in the <ProviderDeclaration> element.4) Lien Claimant's <Field name> is provided when the Lien Claimant Entity Type is set to <radio button label>, in the <ProviderDeclaration> element.5) Provider Type in the <ProviderDeclaration> element is not found in the EAMS provider type list. See information at <link>.6) Other Provider Type missing when “None of the above” provider type was selected, in the <ProviderDeclaration> element.7) The rendering provider’s NPI is required in the <ProviderDeclaration> element for the following provider types: Ambulatory Surgical Center, Diagnostics Medical-Legal, Diagnostics Med Treatment, Facility, Group Practice, Hospital, Outpatient Facility, Pharmacy, Physical Therapy, Physician Medical-Legal, Physician Medical Treatment, or Urgent Care.8) The rendering provider’s License Number or Certification Number is required in the <ProviderDeclaration> element for the following provider types: Physical Therapy, Physician Medical-Legal or Physician Medical Treatment.9) Signature date in the <ProviderDeclaration> element does not match the Signature Date on the Notice and Request for Allowance of Lien form.10) The provider’s signature in the <ProviderDeclaration> element is not correctly formatted. The signature must consist of the letter S followed by the name of the person signing the document. For example, S JOHN JONES. Do not enter a middle name or initial.11) False response received for declaration submission in the <ProviderDeclaration> element. Positive response for declaration submission is mandatory.12) The Lien Reservation Number field is required when submitting an attachment with doctitle "SUPPLEMENTAL LIEN FORM AND SECTION 4903.05(c) DECLARATION". | - ProviderDeclaration.InjuredWorker.ADJNumber- ProviderDeclaration.InjuredWorker. LienReservationNumber- Applies to missing Organization name (when “Organization” is selected).- Applies to missing first name and/or last name (when “Individual” is selected).- When Organization name is specified (when “Organization” is not selected).- When first name and/or middle initial and/or last name is specified (when “Individual” is not selected).  |
| 20210 | Cover sheet errors | 1) The (field value) form is not allowed for the specified unit (field value) on the cover sheet.2) No companion cases are allowed for the SAU DOR processing.3) Companion cases are not allowed when submitting form: {field value} for unit: {field value}4) No additional forms <field value> are allowed for the SAU DOR.5) See General Guideline #3 on the Coversheet tab of the following document - https://www.dir.ca.gov/dwc/EAMS/PresentTermSolution/Documents/SFTP\_Bulk\_Filing\_Forms\_Specifications.xlsx6) See General Guideline #4 on the Coversheet tab of the following document - https://www.dir.ca.gov/dwc/EAMS/PresentTermSolution/Documents/SFTP\_Bulk\_Filing\_Forms\_Specifications.xlsx7) Only DEU companion cases are allowed when submitting the DEU102 or the DEU104 form. | Form.FormShortNameCoverSheet.UnitForm.FormShortNameCoverSheet.UnitForm.FormShortName (of each additional form that was included with an SAU DOR form)This error message is generated when the injury type/injury dates fields are specified on the coversheet when they are not allowed. This error message is generated when the Social Security Number field is specified on the coversheet when it is not allowed.For the DEU102 and the DEU104 forms. |
| 30000 | DOR Filing Error For Lien Conference | 1) The case number does not have a valid lien. 2) Payment Confirmation Number does not match for provided Driver Case Number. |  |
| 30010 | DOR Queue | 1) No suitable slot available. |  |
| 30020 | DWC Pending Queue | 1) Form has been sent to DWC Pending Queue. Disposition pending. |  |
| ~~30040~~ | ~~Case Errors~~ | ~~1) A case already exists in EAMS based on the injured worker's information specified in the JET submission file.~~~~2) There is no integrated case for this claimant.~~~~3) There are multiple integrated cases for this claimant.~~~~4) The Date of injury entered for the case number does not match the date of injury in EAMS.~~ | ~~For AppForADJ, case-opening STIPS and case-opening C&R.~~ |
| 40000 | Jet Insert Errors | 1) Return from the system |  |

**Note**: New/modified error messages are in blue font.

# Revision History

| Date | Version | Description | Author | Reviewer |
| --- | --- | --- | --- | --- |
| 03/22/13 | 1.1 | SB863 updates | EAMS IT |  |
| 07/24/15 | 2.0 | Unstructured form updates | Nina Thayer – EAMS ITAmy Dickinson - formatting | Kathy Patterson-DWC EAMS |
| 12/11/2015 | 2.0.1 | 20130 - Secondary error added for Mandatory attachment20030 - Sencondary error updated to include “or Role” | Susana Fong – EAMS IT | Kathy Patterson-DWC EAMS |
| 5/13/2016 | 2.0.2 | 10000 – Secondary error added for PCI violation20130 – DOR and DOR Expedite short name corrected10020 - Duplicate Packet ID moved to 10000. | Susana Fong – EAMS IT  | Kathy Patterson-DWC EAMS |
| 6/24/2016 | 2.0.3  | 20030 – Secondary error updated to include UAN list, DWC contact and resubmission ID  | Susana Fong – EAMS IT | Kathy Patterson-DWC EAMS |
| 01/01/2017 | 3.0 | - New <ProviderDeclaration> error code and messages (section 20200)- Additions to the 20000, 20050 and 20130 code sections for <ProviderDeclaration> related validations. | Prakash Sankar – EAMS ITKathy Patterson-DWC EAMS | Kathy Patterson-DWC EAMS |
| 12/22/2017 | 3.0.1 | - New error code (20210) and messages for cover sheet errors.- Additions to the 20020 (for SAU DOR related validations) and 20050 (for case number related validations on the cover sheet) code sections. | Prakash Sankar – EAMS ITKathy Patterson-DWC EAMS | Kathy Patterson-DWC EAMS |
| 05/30/2019 | 4.0 | - New error messages added under error code sections 20000, 20020, 20030, 20050, 20190, for the Answer to Application for Adjudication of Claim form.  | Prakash Sankar – EAMS ITKathy Patterson-DWC EAMS | Kathy Patterson-DWC EAMS |
| 06/26/2020 | 5.0 | - New error messages added under error code sections 20020, 20030, 20050, 20130 and 20210, for new forms (DEU102 and DEU104) and coversheet enhancements (adding fields for injury type, injury dates and SSN).  | Prakash Sankar – EAMS ITKathy Patterson-DWC EAMS | Kathy Patterson-DWC EAMS |
| 07/29/2022 | 6.0 | 1) Add new error message, under error code 20090, that is generated when an injured worker’s first or last name contains multiple consecutive whitespaces within the name.2) Under error code 30040, change the error message that is generated when an ADJ case already exists in EAMS for the IW name, DOI, DOB, SSN given in an AppForADJ, case-opening C&R or case-opening STIPS JET submission.3) Removed an error message under error code 20020. | Prakash Sankar – EAMS ITLori Clanton - DWC EAMS | Lori Clanton - DWC EAMS |
| 08/05/2022 | 7.0 | 1) Add new error message, under error code 10000, that is generated when the JET file name does not conform to the required format.2) Modified comment under error code 20140 to include two new attachment file name extensions that will be allowed – docx and xlsx. | Prakash Sankar – EAMS ITLori Clanton - DWC EAMS | Lori Clanton - DWC EAMS |
| 07/14/2023 | 8.0 | 1) Added new error code 20070.2) Move existing error messages under error code 30040 to under the new error code 20070. The 30040 code will not be used any more.3) Added new error messages under 20030 and 20160. | Prakash Sankar – EAMS ITLori Clanton - DWC EAMS | Lori Clanton - DWC EAMS |
| 04/05/2024 | 8.1 | 1) Added new error code 10010 for L1 schema error.2) Added new error under code 20130. | Prakash Sankar - EAMS ITLori Clanton - DWC EAMS | Lori Clanton - DWC EAMS |