

# FORM RH-01

## Order for an Informal Hearing [A.S.C.A. §32.0635]

**Important Note:** In pursuant to A.S.C.A. §32.0635, when an employee files a claim with the Commission, the respondent (employer) is required to order a hearing with the Commissioner within 20-days upon receipt of a claim notice. If no hearing is ordered by the respondent to hear such claim, the Commissioner shall by order reject the claim or make an award regarding the claim.

1. Name of Respondent Filing Hearing Order:	2. Name of Person Signing this Hearing Order:	3. Date this Request is Made:
4. Name of Employer:	5. Name of Employer's Insurance Carrier or Self Insurer:	6. WCC Case No.:
7. Specify the Respondent's purpose for a hearing order: <input type="checkbox"/> The employer filed a notice to controvert and dispute the employee's claim for compensation under A.S.C.A. §32.0662. (Note: Provide a copy of the filed controvert notice (Form Per-37) together with this form) <input type="checkbox"/> Employer not disputing the employee's claim but is unable to mediate and finalize a settlement with the injured employee. <input type="checkbox"/> Employer agrees to settle the employee's claim and requests the Commission to forward the claim back to the carrier. <input type="checkbox"/> Other Reasons (please specify):		
8. Respondent's Contact Information:  Mailing Address: _____ _____ _____  Telephone: _____  Email: _____		9. AUTHORIZATION:  (Print Only) _____ Name of Person Signing this Order Request  _____ Title / Position of Person Signing Request  _____ Authorized Signature of Person Signing Request

FILED

\*\*\* AUTHORIZED OWCC PERSONNEL USE ONLY \*\*\*

