

FORM PT-01

Petition for a Modification of Order [A.S.C.A. §32.0654]

Instructions: An interested party may file a petition with the Commissioner to modify an order on the ground of a change in condition or a mistake in a determination of fact by the Commission as prescribed under A.S.C.A. §32.0654. A modification may result to a new compensation order which may terminate, continue, reinstate, increase or decrease such compensation or award. This petition form must be filed at any time prior to one year after the date of the last payment of compensation (whether or not a compensation order has been issued), or at any time prior to one year after the rejection of a claim.

1. Name of Person Filing Petition: (First, Middle, Last) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>		
2. Indicate which of following represents the person filing this request: <input type="checkbox"/> Employee / Petitioner <input type="checkbox"/> Employer <input type="checkbox"/> Insurance Carrier <input type="checkbox"/> Dependent		3. Indicate the WCC Case No.: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
4. Status of Claim: <input type="checkbox"/> Approved / Settled <input type="checkbox"/> Rejected / Denied	5. Date Claim Approved (if applicable): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	6. Date Claim Rejected (if applicable): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
7. Specify Date of Last Payment (if compensation have ceased) <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	8. Specify what benefits or compensation being petitioned for modification: <input type="checkbox"/> Death Benefits <input type="checkbox"/> Permanent Impairment Disability <input type="checkbox"/> Temporary Total Disability (TTD) <input type="checkbox"/> Disfigurement <input type="checkbox"/> Temporary Loss in Wage-Earning (TPD) <input type="checkbox"/> Medical Benefits	
9. Describe and clarify all factual evidence to justify a modification, termination, or suspension of an order before the Commissioner. All supporting documentations to support such facts must be furnished and submitted with the form. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>		
10. Contact Information: Mailing Address: <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	Telephone Mobile No.: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
	Email Address (if any): <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
11. Authorization: <input checked="" type="checkbox"/> _____ Authorized Signature _____ Date	FILED *** AUTHORIZED OWCC PERSONNEL ONLY *** <hr/> 	