

## APPLICATION FOR MEDIATION OR HEARING — FORM C

Michigan Department of Licensing and Regulatory Affairs  
Workers' Compensation Agency  
PO Box 30016, Lansing, MI 48909

Submitted on behalf of  Insurance Company  Self-Insured Employer  Attorney  Other

Name of Employee (Last, First, MI)	Social Security Number	Date of Birth	
Employee Street Address	City	State	ZIP Code
Name of Employer	County of Injury	Federal ID Number (if known)	
Employer Street Address	City	State	ZIP Code
Date(s) of Injury			

**Add other employer and date(s) of injury**

Name of Employer to be Added		County of Injury	Federal ID Number (if known)	
Street Address		City	State	ZIP Code
Date(s) of injury to be added		INSURANCE CARRIER (DO NOT FILL IN)		
1.	2.	1.	2.	
3.	4.	3.	4.	

<input type="checkbox"/> <b>Petition to stop weekly benefits</b> <i>(Provide explanation below and attach affidavit of payment)</i>	<input type="checkbox"/> <b>Petition to fix fees</b> <i>(Provide explanation below)</i>
<input type="checkbox"/> <b>Petition to recoup</b> <i>(Provide explanation below)</i>	<input type="checkbox"/> <b>Add Funds</b> <i>(Specify name of Fund and provision of Act below)</i>
<input type="checkbox"/> <b>Petition to determine rights; e.g., dependency, AWW, etc.</b> <i>(Specify below)</i>	<input type="checkbox"/> <b>Petition to Determine Medical Treatment</b> <i>(Provide explanation below)</i>
<input type="checkbox"/> <b>Non-cooperation with vocational rehabilitation</b> <i>(Provide explanation below)</i>	<input type="checkbox"/> <b>Other</b> <i>(Provide a brief explanation of the issues below)</i>
<input type="checkbox"/> <b>Redemption Only</b>	

Name of Party Submitting Form			NAIC or Self-Insured Number (if applicable)	
Street Address			Name of Attorney (if applicable)	
City	State	ZIP Code	Attorney ID Number	Date
Name of Preparer (Please print)		Signature of Preparer		Telephone Number

LARA is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.	Authority: Workers' Disability Compensation Act, 418.222; R408.34 Completion: Voluntary Penalty: None
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