

APPLICATION FOR MEDIATION OR HEARING — FORM C

Michigan Department of Labor and Economic Opportunity
Workers' Disability 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/or date(s) of injury Add non-employer entity

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

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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
Name of Preparer (Please print)		Signature of Preparer	Date
			Telephone Number

LEO 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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