

REQUEST FOR CONTINUANCE

1. A Request for Continuance should be submitted to an Industrial Commission office if you want a hearing rescheduled.
2. Documentation in support of the reason for the request must be on file or submitted with the form or the request may be denied.
3. A Request for Continuance based upon good cause is to be made no later than five calendar days prior to the date of hearing. If less than five days prior to the date of hearing, extraordinary circumstances must be shown.
4. The opposing party, must be notified of the request for continuance before it is filed. The results of the contact with the opposing party and/or representative must be set forth below.

A failure to follow any of the steps in this procedure may result in the request being denied.

Injured Worker's Information		Employer's Information	
Name		Name	
Address		Address	
City, State, Zip		City, State, Zip	
Telephone	Fax	Telephone	Fax
Injured Worker's Representative's Information		Employer's Representative's Information	
Rep ID#		Rep ID#	
Name		Name	
Telephone	Fax	Telephone	Fax
Filing Party: <input type="checkbox"/> Injured Worker <input type="checkbox"/> Injured Worker's Rep <input type="checkbox"/> Employer <input type="checkbox"/> Employer's Rep <input type="checkbox"/> BWC Administrator		This claim is scheduled for a hearing before a: <input type="checkbox"/> District Hearing Officer <input type="checkbox"/> Staff Hearing Officer <input type="checkbox"/> Commissioners	
To be heard in <input type="text"/> (city) on <input type="text"/> (mm/dd/yyyy) at <input type="text"/> (time)			
The continuance is requested because (select one): <input type="checkbox"/> IC Hearing conflict (no supporting documentation is required). <input type="checkbox"/> Documented court conflict. <input type="checkbox"/> Schedule conflict. Specify: <input type="text"/> <input type="checkbox"/> Independent medical evaluation has been scheduled on: <input type="text"/> (mm/dd/yyyy) <input type="checkbox"/> Recently retained legal counsel and this hinders our ability to obtain evidence necessary for hearing. (representation card attached or already filed on <input type="text"/> (mm/dd/yyyy)) Please clarify how your request satisfies the due diligence requirements of IC Resolution R12-1-03(D) in the box below: <input type="text"/> <input type="text"/> <input type="checkbox"/> Parties are negotiating a settlement. <input type="checkbox"/> Injured Worker failed to submit a medical release. <input type="checkbox"/> Injured Worker failed to attend a scheduled medical evaluation. <input type="checkbox"/> Parties agree to change the hearing venue to: <input type="text"/> (city) <input type="checkbox"/> Parties have requested a pre-hearing conference. <input type="checkbox"/> Did not receive copy of request for action. <input type="checkbox"/> Extraordinary or unforeseen circumstances as follows: <input type="text"/> <input type="text"/>			
All parties have agreed to this continuance and waive the time frames as set forth the in section 4123.511 and other applicable provisions of the Ohio Revised Code. <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be providing supporting documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No, Not Required <input type="checkbox"/> No, Already on file		Opposing party has been notified on <input type="text"/> (mm/dd/yyyy) by: <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> E-Mail	
Applicant Name	Date	Opposing Party Name	Date
Signature		Signature	