

**REQUEST FOR CORRECTED ORDER**

This form is to be used to request a correction of a clerical or typographical error contained in an Industrial Commission order.

Injured Worker Information		Employer Information	
Name		Name	
Address		Address	
City, State, Zip		City, State, Zip	
Telephone	Fax	Telephone	Fax
Injured Worker's Representative Information		Employer's Representative Information	
Rep ID#		Rep ID#	
Name		Name	
Telephone	Fax	Telephone	Fax

Correction Requested by:  Injured Worker  Employer  BWC Administrator  
 Request correction for a hearing held before:  District Hearing Officer  Staff Hearing Officer  Commissioners

Hearing Location  (city)      Heard on  (mm/dd/yyyy)  
 Heard by       Date Order Received  (mm/dd/yyyy)

Please attach a copy of the order you wish to have corrected.

IDENTIFY ERROR: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you filed an appeal?  Yes  No

If yes, then upon issuance of a corrected order, I hereby agree to dismiss said appeal.  Agree  
 This does not affect your right to file an appeal to the corrected order.

If no, and the Industrial Commission determines not to issue a corrected order, this Request for Corrected Order will be construed as an appeal.

I hereby certify that I am authorized to represent the  Injured Worker,  Employer,  BWC and have notified all parties of this request.

Signature of Requesting Party       Telephone of Requesting Party

All parties, including BWC in State Fund claims, have agreed to this corrected order request.  Yes  No

Opposing parties were notified  (mm/dd/yyyy)

**FOR INDUSTRIAL COMMISSION OF OHIO USE ONLY**

Request for correction is:  Granted  Appeal Dismissed  
 Denied      Explain

Hearing Officer       Date  (mm/dd/yyyy)  
 Filing Party notified on Date  (mm/dd/yyyy)      By