

**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:

- ☐ Injured Worker  
☐ Employer  
☐ BWC Administrator

- ☐ Injured Worker's Rep  
☐ Employer's Rep

This claim is scheduled for a hearing before a:

- ☐ District Hearing Officer  
☐ Staff Hearing Officer  
☐ Commissioners

To be heard in  (city) on  (mm/dd/yyyy) at  (time)

The continuance is requested because (select one):

- ☐ IC Hearing conflict (no supporting documentation is required).  
☐ Documented court conflict.  
☐ Schedule conflict. Specify:

☐ Independent medical evaluation has been scheduled on:  (mm/dd/yyyy)

☐ Recently retained legal counsel and this hinders our ability to obtain evidence necessary for hearing.  
 (representation card attached or already filed on  (mm/dd/yyyy))

Please clarify how your request satisfies the due diligence requirements of IC Resolution R12-1-03(D) in the box below:

  


- ☐ Parties are negotiating a settlement.  
☐ Injured Worker failed to submit a medical release.  
☐ Injured Worker failed to attend a scheduled medical evaluation.  
☐ Parties agree to change the hearing venue to:  (city)  
☐ Parties have requested a pre-hearing conference.  
☐ Did not receive copy of request for action.  
☐ Extraordinary or unforeseen circumstances as follows:

All parties have agreed to this continuance and waive the time frames as set forth in section 4123.511 and other applicable provisions of the Ohio Revised Code. ☐ Yes ☐ No

Will you be providing supporting documentation?

☐ Yes ☐ No, Not Required ☐ No, Already on file

Opposing party has been notified on  (mm/dd/yyyy)

by: ☐ Telephone ☐ Fax ☐ Mail ☐ E-Mail

Applicant Name  Date

Opposing Party Name  Date

Signature Signature