

# REQUEST FOR CONFERENCE

AWCB Case Number:  
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**Use this form to request a prehearing or settlement conference.** It may be filed only after a "Workers' Compensation Claim" (Form 07-6106) or "Petition" (form 07-6111) has been filed.

- I. Attach a completed "Medical Summary" (form 07-6103) if you have new medical reports since you filed your last Medical Summary.
- II. If you want to raise additional issues not listed on your original Claim/Petition, an amended form **MUST** be attached.

1. Employee's Name (Last, First, Middle Initial)				2. Date of Injury			
3. Address				4. Social Security Number			
City	State	Zip Code	Telephone	5. Date of Birth			
6. Employer				7. Insurer/Adjusting Company			
8. Employer Address				9. Insurer Address			
City	State	Zip Code	Telephone	City	State	Zip Code	Telephone

10. Please schedule a (**CHOOSE ONE**)  Prehearing Conference or a  Mediation in:

<input type="radio"/> Anchorage 3301 Eagle Street, Suite 304 Anchorage AK 99503	<input type="radio"/> Fairbanks 675 7th Avenue, Station K Fairbanks, AK 99701-4593	<input type="radio"/> Juneau P.O. Box 115512, Juneau AK 99811-5512 1111 W 8th Street, Suite 307, Juneau AK 99801
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Reason for Prehearing:

11. Employee's claim was controverted:  Yes  No      Date Controversion Notice filed:

12. Employee is now receiving compensation payments:  Yes  No      Weekly Rate \$

13. List the dates you will be available for a conference in the next 30 days:

14. Attorney's Name and Firm Name (if represented)

15. Attorney Address      City      State      Zip Code      Telephone

16. Name of Person Submitting Form (Print or Type)      17. Signature

18. Address      City      State      Zip Code      Telephone

19. **PROOF OF SERVICE:** I certify that on the date in #22 below, I mailed/delivered a true and correct copy of this request to the following (request will be returned with no action if all parties are not served):

<input type="checkbox"/> a. The employee in #1 above at the address in #3.	<input type="checkbox"/> b. The employer in #6 above at the address in #8.
<input type="checkbox"/> c. The insurer in #7 above at the address in #9.	<input type="checkbox"/> d. Other (State name and address):

Name	Address
Name	Address

20. Name of Person Serving Request      21. Signature      22. Date