

INDUSTRIAL COMMISSION OF OHIO REQUEST FOR .522/.52 RELIEF

CLAIM NUMBER:

The completed form must be filed with the Regional Hearing Administrator of the Industrial Commission. Facsimile transmission is acceptable. IT IS THE RESPONSIBILITY OF THE REQUESTING PARTY TO OBTAIN CONSENT OF THE OPPOSING PARTY.

Claimant's Address		Employer's Address	
Name		Name	
Address		Address	
City, State, Zip Code		City, State, Zip Code	
Phone	SS#	Phone	

Claimant's Representative's Address		Employer's Representative's Address	
Name		Name	
Address		Address	
City, State, Zip		City, State, Zip	
PHONE	FAX	PHONE	FAX

REQUEST FOR RELIEF PURSUANT TO OHIO REVISED CODE 4123.522/.52

I, the CLAIMANT CLAIMANT'S REPRESENTATIVE EMPLOYER EMPLOYER'S REPRESENTATIVE ADMINISTRATOR, am hereby requesting relief pursuant to:

 O.R.C. 4123.522. Relief is requested because I did not receive a copy of the order from the BWC DHO SHO

- Commission dated __/__/__. I failed to receive the ORDER because the ORDER was:
- Mailed to an incorrect address;
 - Mailed to the proper address, but I did not receive it (see attached affidavit);
 - Mailed without listing the correct/authorized representative (see attached copy of previously filed R-1, R-2, or AC-2);
 - Other (please see attached document of explanation);

Since I did not receive the ORDER, I was unable to file a timely appeal and therefore, request that the ATTACHED appeal or the appeal previously filed on _____ be deemed timely.

 O.R.C. 4123.52. Relief is requested because I did not receive the Notice of the DHO SHO Commission hearing on __/__/__. I failed to receive the NOTICE OF HEARING because the NOTICE was:

- Mailed to an incorrect address;
- Mailed to the proper address, but I did not receive it (see attached affidavit);
- Mailed without listing the correct/authorized representative (see attached copy of previously filed R-1, R-2, or AC-2);
- Other (please see attached document of explanation).

Since I failed to receive the notice, I did not attend the hearing, and therefore request that the order from that hearing be VACATED AND A NEW HEARING BE CONDUCTED with proper notice of such to all parties and their representatives.

(Signature of Applicant)

(Applicant's Name-Print)

(Date)

STATEMENT OF MUTUAL CONSENT/OPPOSITION

The undersigned party hereby agrees to the Industrial Commission granting relief to the above-signed applicant pursuant to:

- O.R.C. 4123.522 which will allow the applicant to have the attached appeal construed as timely or will allow the applicant to file an appeal within 21 days from receipt of compliance letter.
- O.R.C. 4123.52 which will vacate the order from the DHO SHO Commission hearing held on __/__/__.
- I oppose the request and ask for a hearing.

(Signature of Opposing Party)

(Opposing Party's Name-Print)

(Date)

Decision of the Hearing Administrator

- Grant and Refer to _____ Docket Grant and Hold for Appeal
- Set for Hearing on Miscellaneous Docket

Hearing Administrator