



Better Workers' Compensation

Built with you in mind



# Objection to Tentative Order

## Awarding Permanent Partial Disability Compensation

### Instructions

- Print or type all information.
- This form is to be used by the injured worker or employer and/or their authorized representatives to object to the tentative order awarding permanent partial disability compensation.
- This objection should be mailed to the address indicated on the Tentative Order.

### INJURED WORKER INFORMATION

Injured worker name		Claim number
Social Security Number	Date of injury	

### NAME AND ADDRESS OF PERSON FILING THE OBJECTION

Name		
Address		
City	State	9-digit ZIP Code
Please indicate your status		
<input type="checkbox"/> Injured worker	<input type="checkbox"/> Injured worker representative	<input type="checkbox"/> Employer
		<input type="checkbox"/> Employer representative

### INFORMATION FROM TENTATIVE ORDER

Entered at	Date of mailing	Date received
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### ADDITIONAL INFORMATION

Check only if:  The objecting party intends to file medical evidence.

### STATEMENT OF OBJECTION

*I hereby object to the TENTATIVE ORDER for permanent partial disability compensation in the above numbered claim, and request the matter to be set for a hearing before an Industrial Commission hearing officer.*

*I understand that if this OBJECTION is not **received** by the Bureau of Workers' Compensation **within twenty days** of the date I received the TENTATIVE ORDER, that order shall become effective and compensation shall be paid as provided in that order. This OBJECTION should be mailed to the P.O. box address indicated on the TENTATIVE ORDER.*

**CERTIFICATE OF SERVICE:** I certify that I have served a copy of this objection to tentative order awarding permanent partial disability compensation on all parties and representatives to the claim.

Signature	Date
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Distribution: Original – Claim file Copies – as needed

- Injured worker       Injured worker representative       Employer       Employer representative