

Certification of Readiness for Hearing and Request to Schedule a Hearing or Settlement Conference

Certification of Readiness by the applicant's representative is required before scheduling will begin. Failing to submit the Certification of Readiness may ultimately result in dismissal of the Application for Hearing.

Explanation:

- Submission of a Certification of Readiness (COR) by the applicant's representative is verification that the matter is ready for hearing or settlement conference. It is intended to allow for scheduling without the risk that the applicant will request an adjournment.
- The COR also is intended to encourage settlement discussions, resulting in earlier case resolution without the necessity of a scheduled hearing.

General Instructions:

- A copy of both pages of the COR, along with all supporting documentation must be sent to the insurer or self-insured employer or their attorney at the time it is filed with the Worker's Compensation Division (WCD).
- Do not submit a COR if the applicant believes that it may be necessary to implead additional parties.
- Do not submit a COR unless the WKC-16B or alternative medical report was previously submitted or it is included with the COR.
- The WCD will try to schedule the hearing at a location no more than 100 miles from the address of the employee or the employer unless the employee indicates a willingness to travel farther.
- In addition to the dates of unavailability for the attorney provided on this form, the attorney should continue to notify the WCD's calendar section of any future dates of unavailability.

Please note the following general guidelines for scheduling hearings:

- No postponements will be granted except under extraordinary circumstances. Difficulty in gathering medical proof **IS NOT** an extraordinary circumstance.
- Issues in addition to those listed on the COR form may be heard at the scheduled event if the notice and filing requirements in Wis. Stat. ch. 102 and Wis. Admin. Code ch. 80 are met or by stipulation of the parties.
- Unless waived by the parties, statutory filing deadlines apply. The applicant's representative is required to file all medical and vocational proof prior to submitting the Certification of Readiness.
- If the status or nature of the claim changes after the COR is filed and the employee is no longer ready to proceed, the applicant's representative must immediately notify the WCD in order to prevent scheduling of a hearing or settlement conference.

Insurer or self-insured employer instructions for objecting to the COR:

Any objection to the COR must be noted at the bottom of this form, filed with the WCD and a copy sent to the applicant's attorney, within 15 days of receipt of the COR. The specific reasons for the objection must be clearly stated, along with the additional time requested.

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Department of Workforce Development
 Division of Worker's Compensation
 201 E. Washington Avenue
 P.O. Box 7901
 Madison, WI 53707
 Telephone: (608) 266-1340
 Fax: (608) 260-3053
 e-mail: DWDDWC@dwd.wisconsin.gov

*The provision of your social security number is voluntary. Failure to provide it may result in an information processing delay. The Department of Workforce Development (DWD) administers the Worker's Compensation Act, Chapter 102 Wis. Stats. The purpose of this form is to assist with the procurement of information related to or required by Chapter 102. Completion of this form is voluntary and failure to complete said form may result in a delay in the administration of Chapter 102. DWD may use the personally identifiable information (PII) it obtains from you on this form for purposes other than those for which it is being collected.

Employee Name		Social Security Number*		Claim Number		Date(s) of Injury: Is Date of Injury in Dispute? Yes No	
Employee Street Address		City		State		Zip Code Phone Number	
Employer Name		City		State		Zip Code Phone Number	
Street Address							
WC Carrier Name and Address			WC Carrier Contact Name and Phone Number			Can Employee Travel more than 100 miles? Yes No	
Indicate the event you wish to schedule: Formal Hearing OR Settlement Conference							
ISSUES TO BE HEARD – PLEASE MARK THE APPROPRIATE BOXES BELOW							
Average Weekly Wage (Claimed/Admitted) Yes \$ No		Medical Causation? Yes No		Medical Expense? Yes No Estimate of Medical Bills: \$			
Order for Future Medical Care? Yes No If Yes, explain the nature of the treatment at issue:							
Temporary Total Disability? Yes No If Yes, indicate the dates at issue below:				Temporary Partial Disability? Yes No If Yes, indicate the dates at issue below:			
Permanent Partial Disability? Yes No Percentage Claimed and Body Part: Percentage Conceded and Body Part:				Loss of Earning Capacity? Yes No Percentage Claimed: Percentage Conceded:			
Interpreter Needed? Yes No If Yes, language needed:							
Other Issues Ready to be Heard (Specify in Detail)							
Employee's Attorney Name		Street Address		City		State Zip Code Phone Number	
Insurer's Attorney Name		Street Address		City		State Zip Code Phone Number	
Employer's Attorney Name		Street Address		City		State Zip Code Phone Number	
List all dates for which the attorney or representative will NOT be available in the next 120 Days							
Certification: I, the undersigned Applicant's representative, attest that I am fully ready and prepared to proceed to a formal hearing or settlement conference as indicated for the issues identified above. I further attest the insurer's representative has either denied the claim(s) in full or has had at least 90 days' notice of the claimed issues in order to investigate. I believe this matter cannot be resolved without a formal hearing or settlement conference.							
Applicant's Attorney Signature				Date Signed			
Insurer's or Self-insured employer's objection to the COR (Must be Filed within 15 Days): If more space is needed, attach a separate statement setting forth specific reasons. See Page 1 for Instructions.							
Insurer or Self-Insured Employer Representative Name and Signature						Date Signed	