

South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5675



WCC File #: _____

Carrier File #: _____

Carrier Code #: _____

Employer FEIN #: _____

Claimant's Name: _____ SSN: _____

Employer's Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Insurance Carrier: _____

Preparer's Name: _____ Law Firm: _____ Preparer's Phone #: _____

DIRECTIONS: Please print or type. Answer the following questions about your claim to the best of your ability. If you cannot answer a question, leave it blank. Use additional sheets of paper, if necessary. Please use short statements.

Questions

Did the Commissioner fail to consider important reasons for award of compensation? If so, what reasons? _____

Did the Commissioner incorrectly decide the facts? If so, what facts? _____

Do you think the Commissioner applied the wrong law? If so, what law? _____

Do you feel there are any other reasons why the Commissioner's judgment was wrong? If so, what? _____

What action do you want the Commission to take in this case? _____

Signature

Date

IMPORTANT: A copy of this Brief and any attachments must be filed with the Commission within 10 days of receipt of the Review Hearing Notice, Form 31. The Commission will serve your Brief on the employer's representative. Questions about the use of this form may be directed to the Commission's Judicial Department.