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|  **South Carolina Workers’ Compensation Commission** 1333 Main Street, Suite 500 P.O. BOX 1715 Columbia, SC 29202-1715 (803) 737-5700 [www.wcc.sc.gov](http://www.wcc.sc.gov)  | SCSealBWjpg | **PRE-HEARING BRIEF** **WCC File No:\_\_\_\_\_\_\_\_\_\_\_\_** |
|

|  |  |
| --- | --- |
| Claimant's Name: |       |
|  |  |
| Address: |       |
|  |  |  |  |  |  |
| City: |       | State: |    | Zip: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Phone: | (     )    -     | Work Phone: | (     )    -     |
|  |  |  |  |
| Preparer's Name: |       |

 |

|  |  |
| --- | --- |
| Employer's Name: |       |
|  |  |
| Address: |       |
|  |  |  |  |  |  |
| City: |       | State: |    | Zip: |       |

|  |  |
| --- | --- |
| Carrier: |       |

|  |  |
| --- | --- |
| Preparer’s Phone #: | (     )    -     |
|  |  |

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| **A claim for workers’ compensation benefits is made based on the following grounds:** [ ]  Injury [ ]  Illness [ ]  Repetitive Trauma |
|  | Compensation Rate: |       | 1. AWW:
 | $      |  **Date of Injury:** |       |
|  | Type of injury and body part(s): |       |
|  | Facts in controversy: |       |
|  |       |
|  |       |
|  | Legal issues involved:  |       |
|  |       |
|  |       |
|  | Unusual aspects: |       |
|  | Witnesses (designate if expert):\* |       |
|  |       |
|  | Exhibits: |       |
|  |       |
|  | Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): |
|  |       |
|  |       |
|  | Name, address, and specialty, if any, of the treating physician: |       |
|  |       |
|  |       |
|  | Impairment rating(s); body part(s); physician and date of opinion:       |
| 12. | I am amending my Form 50/51 in the following manner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

[ ]  **Mediation**

[ ] a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.

[ ] b. Mediation is required pursuant to Reg. 67-1802.

[ ] c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.

[ ] d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

 Questions regarding mediation may be submitted to **mediation@wcc.sc.gov****.**

**I certify I have served this document pursuant to Reg. 67-211. See attached certificate of service.**

**I verify the contents of this form are accurate and true to the best of my knowledge.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature: |  |  Email:  |  |  |
| Date of hearing: |  |  Time needed for hearing: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67- 1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. \* Commissioners reserve the right to admit expert witnesses at hearings.

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| **WCC Form # 58** Revised 9/23 | 58 | PRE-HEARING BRIEF |

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