



The use of this form is required under the provisions of the South Carolina Workers' Compensation Law.

**NOTICE  
OF  
THIRD PARTY ACTION  
EMPLOYEE**

In the Workers' Compensation Claim of

\_\_\_\_\_, Employee

\_\_\_\_\_, Claimant(s)

vs.

\_\_\_\_\_, Employer

\_\_\_\_\_, Carrier

TO THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION, the above-named Carrier (or Self-Insured Employer) and the Employer:

PLEASE TAKE NOTICE that an action has been commenced against \_\_\_\_\_

as defendant(s) in the Court of \_\_\_\_\_

County of \_\_\_\_\_ and State of \_\_\_\_\_

under date of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Employee or Surviving Workers'  
Compensation Beneficiary

DATED: \_\_\_\_\_

\_\_\_\_\_  
Attorney for Employee or Surviving Workers'  
Compensation Beneficiary

A copy of this form must be served upon 1) the South Carolina Workers' Compensation Commission; 2) the Workers' Compensation carrier (or self-insured employer); and 3) the employer. Said service must be accomplished by personal service, registered mail or certified mail within thirty (30) days after third party action commenced. The third party action must be commenced within one (1) year after employer-carrier accepts liability for or makes payment of compensation as provided in the Workers' Compensation Law (See §42-1-560, SC Code Ann.).