State of South Carolina

Workers’ Compensation Commission

DECISION AND ORDER

THE HONORABLE <<Commissioner Name >>

SCWCC File No.:

<<Claimant Full Name>>,

Claimant,

v.

<<Defendant Employer Full Name>>,

Employer,

and

<Carrier Full Name>>,

Carrier,

Defendants.

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<< District>>

Hearing held in << County>>, South Carolina,

on <<date>>

Per notice timely and properly served upon all Parties of Interest.

Appearances: <<Attorney Name>>, of <<Law Firm>>, appeared on behalf of Claimant.

 <<Attorney Name>>, of <<Law Firm>>, appeared on behalf of Defendants.

Purpose of Hearing:

Court Reporter: <<Name/ Business Name>>, <<business address>>, <<business telephone>>

Filed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I. STATEMENT OF THE CASE**

**II. STIPULATIONS**

**III. APA SUBMISSIONS**

(also include exhibits in this section)

**IV. EVIDENCE OF THE CASE**

(include summaries of the testimony and medical evidence)

**V. FINDINGS OF FACT**

**VI. CONCLUSIONS OF LAW**

**ORDER**

**AND SO IT IS ORDERED.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date)**

**Columbia, SC**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

<<Commissioner Name>>, Commissioner