



MOTION FOR EXPEDITED CONFERENCE

Please Print or Type

This form is used to request an expedited conference relating to: Fraudulent Behavior, Illegal Discontinuance of Compensation; Catastrophic Injuries and Denial Pursuant to 15A. Instructions are on the reverse side. Please type or print.

EMPLOYEE: _____

EMPLOYER: _____

INSURER/SELF INSURER: _____

Now comes the employee/claimant insurer/self-insurer and requests an expedited conference relating to (check one):

- | | |
|---|--|
| <input type="checkbox"/> Fraudulent Behavior | <input type="checkbox"/> Medical Emergencies |
| <input type="checkbox"/> Illegal Discontinuance of Compensation | <input type="checkbox"/> Controversy under § 15A as to which of two or more insurers is liable |
| <input type="checkbox"/> Catastrophic Injuries | |

State briefly the specific facts and legal grounds asserted in support of motion. Affidavits in support of Motion may be attached to this form. (If necessary use additional space on reverse side or attach second sheet.)

CERTIFICATE OF SERVICE

I, _____, attorney for _____, hereby certify that I have this date served on the _____ this motion, together with any documents in support thereof, by mailing copies of same, via first class mail, postage prepaid, to:

Attorney's Signature: _____
Attorney's Name: _____
Attorney's Address: _____
Attorney's Tel. No.: _____
Date: _____

****FOR DEPARTMENT USE ONLY****

Motion Allowed

Motion Denied

Administrative Law Judge

Date

