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: 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 at 803.737.5675 or judicial@wcc.sc.gov.