



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

**NOTICE  
OF  
THIRD PARTY ACTION  
EMPLOYER CARRIER**

In the Workers' Compensation Claim of

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

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

vs.

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

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

TO THE SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION and the above-named employee or claimant(s) and

\_\_\_\_\_ (any other person entitled to sue):

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 \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Workers' Compensation Carrier or  
Self-Insurer Employer

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

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Attorney for Carrier or Self-Insurer

A copy of this form must be served upon the South Carolina Workers' Compensation Commission, the injured employee or his surviving Workers' Compensation beneficiary and any other person entitled to sue the third party by personal service, registered or certified mail within ninety (90) days after statutory assignment that the right of action has passed to the carrier or self-insurer employer; and attached hereto is Form No. S-3, Entitlement to Right of Action.