|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  **South Carolina Workers’ Compensation Commission** 1333 Main Street, Suite 500 P.O. BOX 1715 Columbia, SC 29202-1715 803-737-5700 [www.wcc.sc.gov](http://www.wcc.sc.gov)  | SCSealBWjpg |

|  |  |
| --- | --- |
| WCC File #: |  |
|  |  |
| Carrier File #: |  |
|  |  |
| Carrier Code #: |  |
|  |  |
| Employer FEIN #: |  |
|  |  |

 |
|

|  |  |  |  |
| --- | --- | --- | --- |
| Claimant's Name: |       | SSN: |     -    -      |
|  |  |
| Address: |       |
|  |  |  |  |  |  |
| City: |       | State: |    | Zip: |       |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Phone: | (     )     -      | Work Phone: | (     )     -      |

 |

|  |  |
| --- | --- |
| Employer's Name: |       |
|  |  |
| Address: |       |
|  |  |  |  |  |  |
| City: |       | State: |    | Zip: |       |

|  |  |
| --- | --- |
| Insurance Carrier: |       |

 |
|  Preparer’s Name: |       |  Law Firm: |       |  Preparer’s Phone #:  | (     )     -      |
|  |  |  |  |  |  |

**REQUEST FOR COMMISSION REVIEW**

|  |  |  |  |
| --- | --- | --- | --- |
| Request for Commission Review by | [ ]  Claimant [ ]  Employer (check one) | Date of Injury or Illness: |  (m/d/yyyy) |

The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

|  |
| --- |
|       |
|       |
|       |
|       |
|       |
|        |
|        |
|       |
|       |
|       |
|       |

**(Check one) Oral argument** **[ ]  is** **[ ]  is not requested. Appellant’s request for oral argument is waived if not indicated on this form.**

**I certify I have served this document pursuant to Reg. 67-211. See attached certificate of service.**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preparer’s Signature Title Email Date

Check this box if you are not represented by an attorney [ ]