

South Carolina Workers' Compensation Commission

1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5675 www.wcc.sc.gov



PRE-HEARING BRIEF
WCC File No: _____

Claimant's Name: _____	Employer's Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____	Carrier: _____
Preparer's Name: _____	Preparer's Phone #: _____

A claim for workers' compensation benefits is made based on the following grounds:

- | | | | |
|--------|---------|-------------------|--|
| Injury | Illness | Repetitive Trauma | |
|--------|---------|-------------------|--|
1. Compensation Rate: _____ 2. AWW: \$ _____ **Date of Injury:** _____
 3. Type of injury and body part(s): _____
 4. Facts in controversy:

 5. Legal issues involved:

 6. Unusual aspects:
 7. Witnesses (designate if expert):*

 8. Exhibits:

 9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance):

 10. Name, address, and specialty, if any, of the treating physician:

 11. Impairment rating(s); body part(s); physician and date of opinion:
 12. I am amending my Form 50/51 in the following manner:

Mediation

- a. Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
- b. Mediation is required pursuant to Reg. 67-1802.
- c. Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
- d. Mediation has been conducted by a duly qualified mediator and resulted in an impasse.

Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to _____
address _____ on the _____ day of _____, 20____,
by _____ first class postage _____ certified mail _____ personal service _____ electronic service

I verify the contents of this form are accurate and true to the best of my knowledge.

Signature: _____ Email: _____

Date of hearing: _____ Time needed for hearing: _____

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67- 1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.