

JUDGE _____

PHC AND TRIAL ORDER FORM

PHC/TRIAL DATE: _____

COMM. CASE NO.: _____

CLAIMANT: _____

RESPONDENT: _____

*****The section below is not required on simple mediation, consolidation, discovery orders etc..***

The following stipulations were submitted by the parties and accepted as fact:

- _____ 1. That the Oklahoma Workers' Compensation Commission has jurisdiction in this claim.
- _____ 2. That claimant was an employee of _____ on _____ (date)
- _____ 3. That respondent had a policy of workers' compensation coverage with _____ (insurance carrier) on _____ (date).
- _____ 4. That claimant sustained compensable injury to the _____ (body part) as a result of a single incident accident occurring in the course and scope of employment on _____ (date).
- _____ 5. That Claimant filed a claim timely.
- _____ 6. That Claimant has been provided medical treatment.
- _____ 7. Rates: TTD _____ PPD _____
- _____ 8. _____

ORDER: (please write legibly and in complete sentences.)

1. _____

2. _____

3. _____

4. _____

EXHIBITS:

Submitted on behalf of clmt: _____

Submitted on behalf of resp: _____

Claimant Attorney name: _____ Bar no: _____ Initials: _____

Respondent Attorney name: _____ Bar no: _____ Initials: _____

NOTICE: NO ORDER WILL BE PROCESSED UNLESS THE INITIALS OF ALL ATTORNEYS ARE AFFIXED