

## CHAPTER 10. PRACTICE AND PROCEDURE

### SUBCHAPTER 1. GENERAL PROVISIONS

#### 810:10-1-7. Forms and other documents generally

(a) All forms, pleadings, proposed orders, correspondence or other documents submitted to the Commission shall:

- (1) be typewritten or printed legibly on 8 ½" by 11" paper, unless electronically filed;
- (2) refer to the Commission file number if assigned;
- (3) bear the typed or printed name, mailing address, telephone number, and signature, of the person who prepared the document, including the firm name if applicable; and
- (4) include the attorney's Oklahoma Bar Association number, if the document is submitted by an attorney licensed to practice law in Oklahoma.

(b) Any scanned forms, pleadings, proposed orders, exhibits, or other documents submitted to the Commission or uploaded into CaseOK should be clear, complete, and accurate copies of the original document. Scanned documents with language cut-off or that is otherwise illegible will not be accepted.

~~(b)~~(c) The signature of an attorney or party constitutes the following:

- (1) a certification that the claim, request for benefits, request for additional benefits, controversion of benefits, request for a hearing, pleading, form, motion, or other paper has been read;
- (2) that to the best of his or her knowledge, information, and belief formed after reasonable inquiry, it is well grounded in fact and is warranted by existing law or a good faith argument for the extension, modification, or reversal of existing law; and
- (3) that it is not brought for any improper purpose, such as to harass or to cause unnecessary delay or needless increase in the cost of litigation.

~~(c)~~(d) If a claim, request for benefits, request for additional benefits, request for hearing, pleading, motion, or other paper:

- (1) is not signed, it shall be stricken unless it is signed promptly after the omission is called to the attention of the pleader or movant; or
- (2) is signed in violation of the AWCA, the Commission, including Administrative Law Judges, on motion or on their own initiative, shall impose an appropriate sanction as prescribed in 85A O.S. § 83.

~~(d)~~(e) An electronic signature using acceptable electronic signature technology may be used to sign a document or a form and shall have the same force and effect as a hand-written signature.

~~(e)~~(f) All documents filed with the Commission shall be served on all parties and shall have a certificate of service setting forth the manner of such service. A copy of all correspondence addressed to the Commission with respect to a pending matter shall be sent to all parties at the time it is sent to the Commission and shall list the parties to whom copies were sent.

~~(f)~~(g) All forms filed with the Commission, except forms submitted electronically, shall be file-stamped by the Clerk of the Commission on the date of receipt.

~~(g)~~(h) All FROI and SROI filings properly submitted through EDI according to the standards specified in 810:1-1-8 shall be deemed to comply with the requirements of this section.

#### 810:10-1-11. Designation of agent for service of notice

(a) Each insurance carrier, as defined in 810:10-1-3, shall designate a single agent for service of notice by filing a Designation of Service Agent form with the Commission each year. A copy of the form may be obtained from the Commission at its main offices, or from the Commission's website.

(b) Once a claim for compensation is filed as provided in 810:10-5-2, if the employer is self-insured or insured by an insurance carrier, the Commission shall send all notices and correspondence to the designated agent, until an entry of appearance is filed as provided in 810:10-1-10. If no agent for service of notice is designated on a Designation of Service Agent form, notices and correspondence shall be sent to the:

- (1) signatory on the self-insurance application, if the insurer is an individual own risk employer;
- (2) Administrator of the group self-insurance association, if the insurer is a group self-insurance association;
- (3) person designated to receive notice of service of process for an insurer as provided in 36 O.S. § 621, if the insurer is a foreign or alien insurance carrier; or
- (4) service agent on file with the Oklahoma Secretary of State, if the insurer is a domestic insurance carrier.

(c) If the employer is uninsured or the Commission cannot determine insurance coverage, notice and correspondence shall be sent to the employer at the address supplied by the claimant on the claim for compensation form prescribed in 810:10-5-2. If the notice is returned to the Commission because the claimant has supplied the wrong address for the employer, the Commission shall so inform the claimant. The claimant has the obligation of providing the Commission with the proper address so notices and correspondence can be sent to the employer.

### SUBCHAPTER 3. INFORMAL DISPUTE RESOLUTION PROCESSES

**810:10-3-6. Certified mediators**

(a) **Mediator list.** The Commission shall maintain a list of private mediators to serve as certified mediators for the Commission's alternative dispute resolution program. The list shall be placed on the Commission's website at <http://www.wcc.ok.gov>.

(b) **Qualifications.** To be eligible for appointment by the Commission to the list of certified workers' compensation mediators for a five-year period, the individual must:

- (1) be an attorney or non-attorney who has worked in the area of Oklahoma workers' compensation benefits for at least five (5) years; and
- (2) otherwise have complied with the requirements of 85A O.S. § 110.

(c) **Application for appointment.** To request appointment to the list of certified workers' compensation mediators, an individual shall:

- (1) Submit a signed and completed Commission prescribed Mediator Application form and resume online via CaseOK or to the following address: Oklahoma Workers' Compensation Commission, Attention: ~~Legal Commission~~ Operations Director, 1915 North Stiles Avenue, Oklahoma City, Oklahoma 73105. Illegible, incomplete, or unsigned applications will not be considered by the Commission and shall be returned. A copy of the Mediator Application form may be obtained from the Commission at the address set forth in this Paragraph; or from the Commission's website at <http://www.wcc.ok.gov>; and
- (2) Verify that the individual, if appointed, will:
  - (A) schedule a mediation session within thirty (30) days of the order appointing the mediator, unless otherwise agreed to by the parties;
  - (B) schedule mediation sessions for a minimum two (2) hour block of time, and not schedule more than one mediation session to take place at a time;
  - (C) submit biennially to the ~~Legal Commission~~ Operations Director written verification of compliance with the continuing education requirements prescribed by 85A O.S. § 110(H); and
  - (D) accept as payment in full for services rendered, compensation not exceeding the rate or fee provided in 810:10-3-12.

**(d) Renewal process.**

- (1) The Commission shall notify a certified mediator of the end of the mediator's five-year qualification period at least sixty (60) calendar days before the expiration of that period.
- (2) Criteria for reappointment is the same criteria as for initial appointment in effect at the time of reappointment.

**(e) Revocation.**

- (1) Removal of an individual from the list of certified workers' compensation mediators shall be by request of the mediator or by the Commission after notice and opportunity for hearing.
- (2) The Commission may remove a mediator from the list of certified workers' compensation mediators for cause, including, but not limited to the following grounds:
  - (A) a material misrepresentation in information submitted to apply for appointment to the Commission's list of certified workers' compensation mediators;
  - (B) refusal or substantial failure to comply with this Section or other applicable Commission rules, and statutes.
- (3) Proceedings related to revocation shall be governed by 810:10-5-50 on show cause hearings and the contested hearings rules set forth in Subchapter 5 of this Chapter.

## SUBCHAPTER 5. HEARINGS CONDUCTED BY ADMINISTRATIVE LAW JUDGES AND COMMISSIONERS

### PART 1. COMMENCEMENT OF CLAIMS

**810:10-5-2. Claim for compensation**

(a) A claim for compensation for benefits for an injury, including a cumulative trauma injury and death, or occupational disease or illness, occurring on or after February 1, 2014, shall be commenced by filing an executed notice form with the Commission that includes the employer's Federal Employer Identification Number and the worker's full name and date of birth, mailing and e-mail address, and the last five digits of the worker's Social Security number. The following forms, or electronic equivalents, shall be used as appropriate:

- (1) CC-Form-3 claim for compensation for benefits for a single event or cumulative trauma injury;
- (2) CC-Form-3A claim for compensation for death benefits; and
- (3) CC-Form-3B claim for compensation for occupational disease or illness benefits.

(b) A proceeding under 810:15-15-3 to address payment of disputed fees for health services (e.g. physician fees, hospital costs, etc.), vocational rehabilitation or medical case management, shall be commenced by filing an MFDR Form 19 or electronic equivalent. A CC-Form-9 or electronic equivalent shall be filed to request a hearing on an MFDR Form 19 dispute.

(c) Within ten (10) days of the filing of a claim for compensation (i.e. CC-Form-3, CC-Form-3A or CC-Form-3B), the Commission shall mail or send electronically a copy of the claim form bearing the assigned file number to the service agent designated by the self-insured employer, group self-insurance association, or insurance carrier, or as otherwise directed in that Section.