

SAMPLE EMPLOYER INC
ADDRESS 1
ADDRESS 2
CITY STATE ZIP

WC CLAIM NO: 9999-999999
INJURY DATE: 05/01/85
EMPLOYEE: SAMPLE-SIMPLES, SAMPLE
EMPLOYER: SAMPLE EMPLOYER INC
INSURER NO:

IF YOU CALL OR WRITE US
PLEASE USE WC CLAIM NO.

This employee has filed an application under Section 102.35 (3), Wisconsin Statutes, alleging that you unreasonably refused to rehire him/her after an on-the-job injury.

The worker's compensation insurance carrier has no responsibility to defend or pay this claim.

A formal hearing will be scheduled in due course. All parties will receive notice of the time and place no less than 10 days before the date of hearing. If you wish to retain an attorney to represent you, you should do so immediately. Please contact us if you have any questions.

Division of Hearings and Appeals
Office of Worker's Compensation Hearings

GL33 (R. 01/2016)

Copy sent to:
CLAIMANT
ADDRESS 1
ADDRESS 2
CITY STATE ZIP