

Title 40
LABOR AND EMPLOYMENT

Part I. Workers' Compensation Administration

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Title 40
LABOR AND EMPLOYMENT
Part I. Workers' Compensation Administration
Subpart 3. Hearing Rules

Chapter 55. General Provisions

Subchapter A. Definitions

§5501. Purpose; Definitions

A. The purpose of these rules is to govern the practice and procedures before the Workers' Compensation Court which is a statewide court having jurisdiction of claims for workers' compensation benefits, the controversion of entitlement to benefits and other relief under the Workers' Compensation Act. These rules are designed to facilitate the equitable, expeditious and simple resolution of workers' compensation disputed claims filed with the Court.

B. As used in these rules, unless otherwise indicated the following words shall have the following meanings.

Claimant—shall refer to the injured employee.

Court—the Office of Workers' Compensation court within the Office of Workers' Compensation Administration of the Louisiana Department of Labor.

Director—the director of the Office of Workers' Compensation Administration of the Louisiana Department of Labor.

Judge—a workers' compensation judge.

Judicial District—as referred to in R.S. 1310.4, any of the 10 locations of a workers' compensation district office, i.e. Shreveport, Monroe, Alexandria, Lake Charles, Lafayette, Baton Rouge, Covington, New Orleans, Harahan, Houma, and the parishes each encompass.

Mediator—a workers' compensation mediator.

Office—the Office of Workers' Compensation Administration of the Louisiana Department of Labor.

Petitioner—shall, as the context requires, mean the employer, the insurance carrier, the group self-insurance fund, the health care provider, claimant, or a dependant of a claimant.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:264 (February 1999), amended LR 25:1859 (October 1999), LR 33:652 (April 2007), amended by the Louisiana Workforce Commission, Office of Workers' Compensation, LR 37:1626 (June 2011).

Subchapter B. Jurisdiction

§5503. Jurisdiction Authority

A. Jurisdiction over workers' compensation matters is conferred upon the Office of Workers' Compensation Administration pursuant to Louisiana Constitution Article V, §16.A.(1) and R.S. 23:1310.3, et seq.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:265 (February 1999), amended LR 25:1859 (October 1999).

§5505. Jurisdiction over Subject Matter and Persons

A. Jurisdiction of the workers' compensation judges shall be governed by R.S. 23:1310.3.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:265 (February 1999), amended LR 25:1860 (October 1999).

Subchapter C. Commencement

§5507. Commencement of a Claim

A. "Form LWC-WC-1008" shall be the form to initiate a claim or dispute arising out of chapter 10 of title 23 of the *Louisiana Revised Statutes* of 1950, except that:

B. Any claim may be initiated with the director, office of worker's compensation administration, or the district office of proper venue by hand delivery, United States mail, facsimile transmission or electronic transmission (with verified signature) addressed to the Office of Worker's Compensation administration.

C. Any party aggrieved by the R.S. 23:1203.1(J) determination of the medical director may seek judicial review by filing a Form LWC-WC-1008 in a workers' compensation district office within 15 days of the date said determination is mailed to the parties. A party filing an appeal under this Section must simultaneously notify the other party and the medical director that an appeal of the medical director's decision has been filed. Upon receipt of the appeal, the workers' compensation judge shall immediately set the matter for an expedited hearing to be held not less than 15 days nor more than 30 days after the receipt of the appeal by the office. The workers' compensation judge shall provide notice of the hearing date to the parties at the same time and in the same manner.

D. Any request for a preliminary determination pursuant to *Louisiana Revised Statutes* title 23, section 1201.1 shall be made in the answer or amended answer and shall be accompanied by a copy of the LWC-WC-1002 and notice of disagreement, along with a motion and order to set telephone status conference attached and shall proceed with the following steps.

1. A telephone conference shall be set within 15 days from receipt of the answer or amended answer with accompanying attachments. A preliminary determination hearing shall be set within 90 days from telephone status conference. The deadline for any discovery shall be 30 days before the preliminary determination hearing. The parties must exchange evidence 15 days before the hearing, with copies of the exhibits, exhibit list and memorandum sent to the presiding workers' compensation judge.

2. The workers' compensation judge or the judge's designee, shall advise all parties of the deadlines set forth hereinabove in the telephone status conference.

3. A scheduling conference order shall be forwarded to the parties within three days of the telephone status conference. The order shall include a list of issues to be determined, the date of the scheduled hearing, the deadline for discovery, the deadline for the exchange of exhibits, the deadline for the submission of exhibits and the deadline for the submission of memoranda to the court.

4. After the preliminary determination hearing, the court shall forward a written preliminary determination to the parties within 30 days of the hearing.

5. A notice shall accompany the written preliminary determination. The notice shall advise the parties of their options to accept or reject the finding and it shall advise the parties that, if the court does not receive written notification within 15 days of further action by the parties, the court will close the file or proceed to trial on the merits on all remaining issues.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1(C).

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:265 (February 1999), amended LR 25:1860 (October 1999), LR 33:652 (April 2007), amended by the Workforce Commission, Office of Workers' Compensation, LR 37:1626 (June 2011), LR 41:560 (March 2015).

§5509. Delay for Answering

A. A defendant shall file his answer within 15 days after service of the citation in accordance with Code of Civil Procedure Articles 1001, 1005 and 1006. The defendant shall certify that a copy of the answer was sent to all parties to the claim.

B. The filing of the answer shall be deemed timely when the answer is filed as provided in R.S. 23:1310.3.D.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR

25:265 (February 1999), amended LR 25:1860 (October 1999), LR 33:652 (April 2007).

§5511. Service

A. Service of process in a workers' compensation claim shall be as provided for in R.S. 23:1310.3(C).

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:265 (February 1999), amended LR 25:1860 (October 1999), LR 33:652 (April 2007), amended by the Louisiana Workforce Commission, Office of Workers' Compensation, LR 37:1626 (June 2011).

Subchapter D. Venue

§5515. Proper Venue

A. Proper venue in a workers' compensation claim shall be governed by R.S. 23:1310.4.

B. When the claimant or his dependent is not a party to the disputed claim, the petitioner shall have the right to select the venue of necessary hearings by the workers' compensation judge as provided in the Code of Civil Procedure.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:265 (February 1999), amended LR 25:1860 (October 1999), LR 33:652 (April 2007), amended by the Louisiana Workforce Commission, Office of Workers' Compensation, LR 37:1626 (June 2011), amended by the Workforce Commission, Office of Workers' Compensation Administration, LR 41:2692 (December 2015).

Subchapter E. Recusal

§5525. Procedure for Recusal of a Workers' Compensation Judge

A. Recusal of a workers' compensation judge shall be governed by Code of Civil Procedure Article 151.

B. A workers' compensation judge may recuse himself, prior to a judgment being rendered, whether a motion for his recusal has been filed by a party or not, in any cause in which a ground for recusal exists.

C. If a judge recuses himself pursuant to this Section, he shall provide in writing to the Chief Judge the specific grounds under Code of Civil Procedure Article 151 for which the recusal is ordered within 15 days of the rendering of the order of recusal.

D. On written application of a workers' compensation judge, the chief judge shall immediately reassign the matter to another workers' compensation judge in either the same workers' compensation district office or another workers' compensation district office.

E. Any party to a workers' compensation claim may file a written motion for recusal of the judge to whom the matter is assigned specifying the grounds for recusal. This motion shall be filed prior to trial or hearing unless the party

discovers the facts constituting the ground for recusal thereafter. In such case, the motion shall be filed immediately after the facts are discovered, but in no case after judgment. If a valid ground for recusation is set forth in the motion, the judge shall either recuse himself or refer the matter to the chief judge. Upon receipt of the motion the chief judge shall either try the motion or assign it to another workers' compensation judge for trial. Trial of the motion shall be held in an expedited manner and in no event later than 14 days following filing of the motion.

F. If a valid ground for recusation is not set forth in the motion, the judge shall deny the motion and proceed with the trial of the cause. Any party aggrieved by any denial may file an appeal in accordance with the provisions of R.S. 23:1310.5.

G. Consolidated cases are to be considered as one case within the meaning of this Section.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:1860 (October 1999), amended LR 33:652 (April 2007), amended by the Louisiana Workforce Commission, Office of Workers' Compensation, LR 37:1626 (June 2011).

Subchapter F. Power and Authority

§5533. General

A. Workers' compensation judges shall have the power to enforce any lawful order and the discretionary authority to use necessary sanctions, including dismissal, in order to control the orderly process of the hearing, enforce orders, and these rules.

B. All workers' compensation judges shall be subject to the Code of Judicial Conduct, Civil Service Rules, the Louisiana Code of Governmental Ethics and the Louisiana State Bar Association Code of Professional Conduct.

C. All workers' compensation mediators shall be subject to the Civil Service Rules, the Louisiana Code of Governmental Ethics, and the Louisiana State Bar Association Code of Professional Conduct.

D. A workers' compensation judge or mediator shall not refer any claimant to an attorney for representation in a workers' compensation matter except under the following circumstances:

1. when ordered to appoint an attorney for an unrepresented party by a court of competent jurisdiction;
2. except as provided in §5709.B of these rules; or
3. when the judge has a reasonable belief that the unrepresented party lacks capacity to represent himself.

F. The court shall have available a list of attorneys, compiled by the director, who have indicated a willingness to handle workers' compensation matters.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:266 (February 1999), amended LR 25:1860 (October 1999), LR 33:653 (April 2007), amended by the Louisiana Workforce Commission, Office of Workers' Compensation, LR 37:1627 (June 2011).

§5534. Submission and Investigation of Complaints alleging Judicial Misconduct or Disability

A. Complaints alleging misconduct or disability on the part of any workers' compensation judge shall be submitted to the director in writing, and shall include:

1. the complainant's full name, address, and telephone number;
2. the judge's name and assigned court;
3. a statement detailing the alleged misconduct or disability, including all underlying facts and the names and addresses of any persons having knowledge relevant to the complaint, and if known, the particular judicial cannons, rules of professional conduct, Civil Service rules, or other rules allegedly violated;
4. copies of any pleadings, orders, judgments, or other documents relevant to the complaint;
5. if the alleged misconduct or disability concerns a specific matter pending before the judge, the complainant shall list all parties thereto and/or their counsel of record, and shall certify that a copy of the complaint has been provided to them via facsimile, other electronic transmission, or by certified mail.

B. Upon receipt of the complaint, the director or his designee shall commence a preliminary review. Complaints which solely criticize a judge's official decision making or claim judicial error subject to appellate review, or which fail to comply with Subsection A of this Section, shall be screened out as frivolous, and notification of rejection shall be sent to the complainant and all persons identified per Paragraph A.5 of this Section.

C. The director or his designee shall investigate all non-frivolous complaints as deemed reasonable and necessary. Pursuant to the investigation, a copy of the complaint shall be provided to the judge who is subject thereof, who shall provide a written answer within 10 days of receiving the complaint, setting forth a response to the allegations and including any appropriate commentary or explanation.

D. Within 60 days of receipt of the original complaint by the office, the director shall determine any disciplinary action to be taken. A copy of the decision shall be provided contemporaneously to the judge who is the subject of the complaint.

E. Nothing herein shall prevent a complainant from seeking any other remedy allowed by law.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1(C) and R.S. 23:1291.

HISTORICAL NOTE: Promulgated by the Workforce Commission, Office of Workers' Compensation Administration, LR 41:2691 (December 2015).

§5535. Contempt

A. Contempt of court is any act or omission tending to obstruct or interfere with the orderly administration of justice, or to impair the dignity of the court or respect for its authority.

B. Contempt proceedings in a workers' compensation proceeding shall be governed by R.S. 23:1310.7.B. This procedure is favored and shall be construed to accomplish the just, speedy, and orderly process of the hearing.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:266 (February 1999), amended LR 25:1861 (October 1999).

§5537. Procedure

A. The procedure for contempt of court shall be as found in R.S. 23:1310.7.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:266 (February 1999), amended LR 25:1861 (October 1999), LR 33:653 (April 2007).

Subchapter G. Clerks**§5539. District Clerk; Pleadings Filed; Docket Books**

A. Each workers' compensation district and the records management division shall have a clerk(s), who shall have the authority to certify records of the office. The supervisor of the records management division shall be the custodian of all records and documents for that district or the office and no such records, documents, or paper shall be withdrawn.

B. The manager of the records management division shall be the custodian of all records and documents for that district or offices and no such records, documents, or paper shall be withdrawn.

C. The manager of the records management division shall be the custodian of all records and documents for that district or offices and no such records, documents, or paper shall be withdrawn.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:266 (February 1999), amended LR 25:1861 (October 1999), LR 33:653 (April 2007), amended by the Louisiana Workforce Commission, Office of Workers' Compensation, LR 37:1627 (June 2011).

Subchapter H. Bailiffs**§5541. Security**

A. The term "Bailiff" shall refer to any peace officer or duly commissioned reserve officer assigned by the director to maintain order at each workers' compensation court.

B. The bailiff may in his discretion, or as ordered by the judge, inspect any object carried by any person entering the premises. No one shall enter or remain in the premises without submitting to such an inspection if requested to do so.

C. Unless authorized by the judge, no camera, recording equipment or other type of electrical or electronic device shall be brought into the premises.

D. No person shall be admitted to or allowed to remain in the premises with any object that might be employed as a weapon unless he or she has been authorized in writing by the workers' compensation judge to do so, or unless he or she is a peace officer or duly commissioned reserve officer.

E. The bailiff shall enforce the whole of this rule, and pursuant to his authority as a peace officer or duly commissioned reserve officer, shall be authorized in his discretion to take any legal action necessary to preserve the order and security of the premises.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:266 (February 1999), amended LR 25:1861 (October 1999), LR 33:653 (April 2007), amended by the Louisiana Workforce Commission, Office of Workers' Compensation, LR 37:1627 (June 2011).

Subchapter I. Attorneys and Other Persons before the Court**§5543. Workers' Compensation Courtroom Decorum**

A. The following shall be observed in the opening of workers' compensation court and general courtroom decorum.

1. The bailiff shall open each session of workers' compensation court with an appropriate recitation and order.

2. No tobacco in any form will be permitted at any time.

3. No food or beverage shall be brought into the courtroom.

B. As officers of the workers' compensation court, attorneys are reminded of their obligations to assist in maintaining the dignity of the court. All attorneys and other officers of the court shall dress appropriately. For gentlemen, this means a coat and tie. For ladies, this means appropriate professional attire.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:267 (February 1999), amended LR 25:1861 (October 1999).

§5545. Attorneys

A. In all hearings before the Workers' Compensation Judge the parties may appear in person or by counsel licensed to practice law in the state of Louisiana. Corporate

entities, unincorporated associations, insurance companies and own-risk carrier shall appear only by such counsel. Counsel who will appear before the Workers' Compensation Judge on behalf of a party in any proceeding shall notify the Office of Workers' Compensation of their appearance by filing an entry of appearance or other appropriate pleading and shall be bound by Code of Civil Procedure Article 371.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:267 (February 1999), amended LR 25:1861 (October 1999).

§5547. Withdrawal of Counsel

A. When an attorney seeks to obtain an ex parte order to withdraw as counsel for a party, he shall include in his application the last known address of the claimant along with a statement that he has given written notice to the party he was previously representing that he is no longer of counsel to him and of the status of the case on the court's docket. The attorney shall certify to the court that he has given notice to all counsel of record at the same time and in the same manner as notification to the court. A copy of such written notice and certification shall be attached to the application for the ex parte order for withdrawal. An attorney who has been permitted by ex parte order to withdraw shall give notice of same to all parties.

B. Counsel of record who withdraws or is discharged prior to submission of the case, and desires to assert a claim for fees, must attach an affidavit to that effect and set forth the period of time during which his client was under his or her representation. If asserting a claim, counsel shall also file a lien form, to be developed by the director, identifying any attorney lien he alleges on the pending claim for payment of attorney fees.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:267 (February 1999), amended LR 25:1862 (October 1999), LR 33:653 (April 2007).

Chapter 57. Actions

Subchapter A. General Provisions

§5701. Prescription; Filing Procedure

A. Prescription periods shall be as set forth in R.S. 23:1031.1.E, F, I, 1209, and 1234. Time limits shall be calculated from the date of mailing as shown by the post mark, other proof of mailing, the date a facsimile or electronic transmission (with verified signature) is received.

B. All pleadings filed with the court may be filed by facsimile transmission or electronic transmission (with verified signature) to the assigned facsimile number or electronic address of the district of proper venue. A facsimile or electronic transmission (with verified signature), when filed, has the same force and effect as the original. If the party fails to comply with the requirements of Paragraph C

of this Section, a facsimile filing shall have no force or effect.

C.1. Within five days, exclusive of legal holidays, after the district office or the records management division has received a facsimile transmission, the party filing the document shall forward the following to the district office or records manager:

- a. the original signed document;
- b. the applicable filing fee, if any; and
- c. a transmission fee of \$5 for the first 10 pages and \$1 for each page thereafter.

D. Upon receipt in the office, the pleading or forms and any other correspondence shall be stamped with the date of receipt by the appropriate court personnel.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:267 (February 1999), amended LR 25:1862 (October 1999), LR 33:654 (April 2007), amended by the Louisiana Workforce Commission, Office of Workers' Compensation, LR 37:1627 (June 2011).

§5703. Prematurity

A. Prematurity in a workers' compensation claim shall be governed by R.S. 23:1314.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:267 (February 1999), amended LR 25:1862 (October 1999).

§5705. Abandonment

A. A claim may be dismissed without prejudice after contradictory hearing properly noticed by the court on the judge's own motion or on ex parte motion of a party for the following reasons:

1. where no service of process has occurred within 60 days after the Form LWC-WC-1008 has been filed. This provision shall not apply if the claim is awaiting action by the workers' compensation court;
2. where no responsive pleadings have been filed and no default has been entered within 60 days after service of process;
3. where a claim has been pending six months without proceedings being taken within such period. This provision shall not apply if the claim is awaiting action by the workers' compensation court; or
4. where a claimant fails to appear for any properly noticed conference or hearing;
5. where an attorney or pro se litigant fails to keep the workers' compensation court apprised of an address change or when a notice is returned to the workers' compensation

court for the reason of an incorrect address and no correction is made to the address for a period of 60 days.

B. Any formal discovery as authorized by these rules and served on all parties whether or not filed of record, including the taking of a deposition with or without formal notice, shall be deemed to be a step in the prosecution or defense of an action.

C. Any order of dismissal shall allow for reinstatement of the action within 30 days for good cause shown.

D. The workers' compensation judge may order the claim dismissed, with prejudice, after a contradictory hearing, when it is shown that more than 90 days has elapsed since a claim was dismissed for any reason listed in Subsection A of this Section and no good cause has been shown for reinstatement.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:268 (February 1999), amended LR 25:1862 (October 1999), LR 33:654 (April 2007), amended by the Louisiana Workforce Commission, Office of Workers' Compensation, LR 37:1627 (June 2011).

§5707. Class Actions

A. No class action will be permitted.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of workers' Compensation Administration, LR 25:268 (February 1999), amended LR 25:1862 (October 1999).

Subchapter B. Settlement

§5709. Joint Petition Settlements

A.1. A lump sum or compromise settlement shall be presented to the presiding judge in a pending disputed claim or to any judge in an undisputed claim for approval on Form LWC-WC-1011 and upon joint petition of the parties.

2. The procedure for perfecting settlements shall be governed by R.S. 23:1272. A hearing in open court with all parties present shall be required when one or more parties is not represented by counsel. Appearance by the parties and/or their representative may be waived if all parties are represented by counsel. In special circumstances and in the interest of judicial economy, the judge may allow the unrepresented party to waive his appearance and permit the party to appear by telephone. Appearance by the represented parties and/or their representative may be waived in written form.

B. When one or more parties is not represented by counsel, the judge may appoint an attorney to assist the court in determining whether the settlement does substantial justice and is in the best interest of all parties. In such cases the court may approve an attorney's fee to be paid out of the proceeds of the settlement.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:268 (February 1999), amended LR 25:1863 (October 1999), LR 33:654 (April 2007), amended by the Louisiana Workforce Commission, Office of Workers' Compensation, LR 37:1628 (June 2011).

Chapter 58. Pleadings

Subchapter A. General

§5801. Pleadings Allowed

A. The pleadings allowed in workers' compensation claims, whether in a principal or incidental action, shall be in writing and shall consist of petitions, exceptions, written motions, answers, and Office of Workers' Compensation Administration forms.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:268 (February 1999), amended LR 25:1863 (October 1999).

Subchapter B.

Supplemental/Amended Pleadings

§5805. Amendment of Claim and Answer

A. Amendment of a claim and answer shall be governed by Code of Civil Procedure Article 1151 et seq.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:268 (February 1999), amended LR 25:1863 (October 1999), amended by the Louisiana Workforce Commission, Office of Workers' Compensation, LR 37:1628 (June 2011).

Subchapter C. Forms

§5809. Forms

A. The Office of Workers' Compensation Administration shall prepare and adopt such forms for use in matters before the Office of Workers' Compensation Administration as it may deem necessary or advisable. Whenever Office of Workers' Compensation Administration forms are prescribed and are applicable, they shall be used. A photo ready copy of any form may be procured upon request to any district office, the office of the director, or from the website, www.laworks.net.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:269 (February 1999), amended LR 25:1863 (October 1999), LR 33:654 (April 2007), amended by the Louisiana Workforce Commission, Office of Workers' Compensation, LR 37:1628 (June 2011).

§5811. Format of Documents

A. Any pleading or other document submitted to the director or to any judge shall be typed or printed legibly on 8 1/2" x 11" paper and shall bear the name and signature of the person who prepared it, the firm name, if applicable, the complete address including the zip code, an electronic address, if available, the telephone and facsimile number, including the area code and the docket number, if one has been assigned to the claim and the name of the judge assigned to the claim, if available. All attorneys shall note their bar roll number on all documents and correspondence.

B. Copies of all correspondence and any other instruments sent to the Office of Workers' Compensation Administration shall be sent at the same time and in the same manner by the party originating the correspondence to all other parties of record in the case and a certificate to that effect shall be attached to the original and filed with the office.

C. All documents filed into the court record that are notarized shall comply with R.S. 35:12.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:269 (February 1999), amended LR 25:1863 (October 1999), LR 33:654 (April 2007).

Subchapter D. Mediation**§5813. Mediation Conference**

A. Parties who have a workers' compensation dispute as defined by R.S. 23:1310.3(A) and who desire to engage the services of a Louisiana Workforce Commission, Office of Workers' Compensation Administration mediator, may make a joint written request for a mediation conference to any Office of Workers' Compensation mediator selected by mutual agreement of the parties. The parties shall forward to the selected mediator, along with the written request, a confidential position statement, not to exceed 10 pages, outlining the issues in dispute and the respective position of the parties. Upon receipt of the joint written request, the selected mediator shall schedule a mediation conference and provide notice in the same manner and at the same time to all parties of the date and time of the conference. Notice of any scheduled mediation conference may be given by telephone, but shall be confirmed by United States Mail, facsimile transmission, or electronic transmission. The location of the mediation conference shall be in the assigned district office of the selected mediator.

B. A mediation conference may also be scheduled upon order of a presiding workers' compensation judge in any pending workers' compensation disputed claim (Form LWC-WC-1008). If the parties select an Office of Workers' Compensation mediator, the court-ordered mediation conference shall be conducted in the district office in which the selected mediator is assigned.

C. On the scheduled date of the mediation conference, each party shall provide a representative to participate in the

mediation conference, either in person or via telephone, who has been provided with authority to enter into negotiations in a good faith effort to resolve the issue(s) in dispute. The attorneys for the parties may participate in the mediation conference via telephone only upon mutual consent of the parties. No stenographic report shall be taken at any mediation conference and no witnesses shall be called. All statements made at any mediation conference shall be privileged and shall not be admissible in any subsequent status conference, pretrial conference, hearing, or trial. Any party to the claim and/or their representative may request a copy of the Form LWC-WC-1008 filed in the claim prior to the scheduled mediation conference. No such request shall be denied by any employee of the Office of Workers' Compensation Administration. If the parties agree, the mediator may schedule additional mediation conferences when deemed appropriate.

D. Nothing in this rule shall prohibit parties from requesting the services of an Office of Workers' Compensation mediator prior to the filing of a disputed claim for compensation (Form LWC-WC-1008). Said request shall be made by the parties in the same manner as provided for in Subsection A of this Section. However, neither the request nor the participation in a pre-1008 mediation conference shall interrupt the running of prescription.

E. Nothing in this rule shall prohibit the parties from engaging the services of a private mediator to conduct a mediation conference at a location mutually agreeable to the parties. Within five days of the conclusion of said private mediation, the parties shall certify to the court that a private mediation has occurred and the results thereof. Said certification shall be provided by the parties via United States mail, electronic transmission, or facsimile transmission.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:1863 (October 1999), amended LR 33:654 (April 2007), amended by the Louisiana Workforce Commission, Office of Workers' Compensation, LR 37:1628 (June 2011).

§5817. Conclusion of Mediation Conferences held by an Office of Workers' Compensation Mediator

A. When it becomes apparent during the course of a pre-1008 mediation conference that an agreement on all issues cannot be reached, the Office of Workers' Compensation mediator shall issue a report stating the result of the conference. The report shall be issued to the parties immediately following the conference by facsimile transmission, by electronic transmission or by mail within five days thereof.

B. When it becomes apparent during the course of a post-1008 mediation conference that agreement on all issues cannot be reached, the Office of Workers' Compensation mediator shall issue a report stating the results of the conference. The report shall be issued immediately following the conference to the parties and to the judge

where the claim was filed. The report shall be issued in person, by facsimile transmission, by electronic transmission, or by mail within five days thereof.

C. Following a mediation conference, at which agreement is reached on all issues in dispute, a report embodying the agreement shall be issued to the parties in person, by facsimile transmission, by electronic transmission, or by mail within five days thereof. The mediator shall file the original report with the judge presiding over the district where the claim was filed or in the case of a pre-1008 mediation conference, with the judge presiding over the district situated within the parish of the claimant's domicile. The report may require dismissal of the claim or the filing of an LWC Form 1011 within 30 days.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:269 (February 1999), amended LR 25:1864 (October 1999), LR 33:655 (April 2007), amended by the Louisiana Workforce Commission, Office of Workers' Compensation, LR 37:1629 (June 2011).

§5819. Failure to Attend; Sanctions

A. If any party fails to appear at a mediation conference ordered by the judge or requested by the parties, after proper notice and without just cause, the presiding workers' compensation judge, upon request of a party, may fine the delinquent party an amount not to exceed \$500, which shall be payable to the Office of Workers' Compensation Administrative Fund. In addition, the presiding workers' compensation judge may assess against the party failing to attend, costs and reasonable attorney's fees incurred by any other party in connection with the conference. The penalties provided for in this Section shall be assessed by the presiding workers' compensation judge only after a contradictory hearing which shall be held prior to the hearing on the merits of the dispute.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:1864 (October 1999), amended LR 33:655 (April 2007), amended by the Louisiana Workforce Commission, Office of Workers' Compensation, LR 37:1629 (June 2011).

Subchapter E. Petition

§5821. Required Elements

A. The required elements of a workers' compensation claim shall be as provided in R.S. 23:1311.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:270 (February 1999), amended LR 25:1865 (October 1999).

Subchapter F. Exceptions

§5823. Kinds of Exceptions; Time for Pleading

A. Exceptions shall be governed by Code of Civil Procedure Articles 921, et seq.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:270 (February 1999), amended LR 25:1865 (October 1999).

§5824. Rule to Show Cause; Time for Filing Memoranda

A. Any party may seek to have any exception heard by filing a rule to show cause.

B. The memorandum in support shall be filed no later than 14 days prior to the hearing. The memorandum in opposition shall be filed no later than 8 days prior to the hearing.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 33:656 (April 2007).

Subchapter G. Motions

§5831. Motion or Rule Day

A. Each district office shall designate a specific day of the week for the hearing of rules, motions, exceptions and arguments. A list of the rule days for each district shall be available in any district office.

B. The judge may require the parties to submit briefs in connection with any exception, rule, or motion. Briefs should be submitted as provided in §5824. A copy of the brief shall be served upon all counsel of record at the same time and in the same manner as submitted to the court.

C. In advance of the date set for the hearing of an exception, motion or rule, any counsel may notify the court that he waives his appearance and is willing to submit the matter on briefs. At the time set for the hearing, any person may waive oral argument.

D. A motion for summary judgment shall be filed no later than 45 days prior to trial unless both parties agree to waive the deadline with the approval of the court.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:270 (February 1999), amended LR 25:1865 (October 1999), LR 33:656 (April 2007).

§5833. Written Motion Required; Exception

A. An application to the court for an order, if not presented in some other pleading, shall be by motion which, unless made during trial or hearing or in open court, shall be

in writing. The written motion shall state the grounds therefor and the relief or order sought.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:270 (February 1999), amended LR 25:1865 (October 1999).

§5835. Ex Parte and Contradictory Motions; Rule to Show Cause Favored

A. Ex parte and contradictory motions shall be governed by Code of Civil Procedure Articles 963 et seq. A contradictory hearing properly noticed by the court with the adverse party may be held unless waived upon joint motion of the parties. Appearance by the parties and/or their representative may be waived in written form. The judge may entertain such motion by telephone conference with all parties participating. Such telephone conference shall be initiated by the party requesting the telephone conference.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:270 (February 1999), amended LR 25:1865 (October 1999), LR 33:656 (April 2007).

Chapter 59. Production of Evidence

Subchapter A. General

§5901. Discovery and Attendance of Witnesses

A. The hearing process shall be available to aid any party in pursuit of discovery and to compel attendance of witnesses or production of evidence. The judge on his own motion at any conference may order the production of discoverable material and make any other order facilitating discovery. Copies of discovery documents, including, but not limited to, deposition notices, are to be mailed to all parties and shall not be filed in the record of the proceedings unless attached as an exhibit to a motion or ordered by the judge.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:271 (February 1999), amended LR 25:1865 (October 1999), LR 33:656 (April 2007).

§5903. Objections to Evidence

A. Except as otherwise provided in Title 23 or by these rules, objection to any evidence shall be governed by the Louisiana Code of Evidence and Code of Civil Procedure.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:272 (February 1999), amended LR 25:1865 (October 1999).

§5905. Protective Orders

A. Upon motion by a party or by a person from whom discovery is sought, and for good cause shown after contradictory hearing properly noticed by the court, the judge may make any order which justice requires to protect a party or person from annoyance, embarrassment, oppression, or undue burden or expense. The judge may entertain such motion by telephone conference with all necessary parties participating. Such telephone conference shall be initiated by the party requesting the telephone conference.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:272 (February 1999), amended LR 25:1865 (October 1999), LR 33:656 (April 2007).

Subchapter B. Subpoena

§5909. Issuance; Service

A. Subpoenas issued in connection with any workers' compensation matter shall be served by the party requesting issuance of the subpoena, and may be served by certified mail return receipt requested or any other manner provided in §5511. Proof of service shall be the responsibility of the party requesting the subpoena. Once issued and served, a subpoena may be canceled by the requesting party only after written notice to the opposing side. It shall be the responsibility of the requesting party to provide written notification of cancellation to all opposing parties as well as the person under subpoena. It shall be the responsibility of the parties to copy each other on the subpoenas they issue.

B. In order to be enforceable, subpoenas for hearing shall be served seven days prior to the scheduled hearing date; subpoenas to compel attendance of medical experts shall be served 10 days prior to hearing. Subpoenas for hearing may be issued after expiration of these time limits only by leave of court for good cause shown or upon written consent of all parties.

C. Written request for unemployment records must be made to the workers' compensation court at least seven days prior to the scheduled hearing at which the documents sought are to be submitted.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:272 (February 1999), amended LR 25:1866 (October 1999), LR 33:656 (April 2007).

§5911. Exceptions

A. No official of the Social Security Administration shall be subject to subpoena under these rules except for good cause shown.

B. An independent medical examiner shall be subject to subpoena only as provided in R.S. 23:1317.1.

C. The subpoena of the director or any other employee of the Office of Workers' Compensation Administration shall be governed by R.S. 23:1318.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:272 (February 1999), amended LR 25:1866 (October 1999).

§5913. Subpoena of Confidential Records

A. The subpoena of confidential records shall be governed by R.S. 23:1293.A.(1) and 1310.15.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:272 (February 1999), amended LR 25:1866 (October 1999).

Subchapter C. Discovery

§5915. Scope of Discovery

A. Discovery shall be governed by Code of Civil Procedure Articles 1421, et seq.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:272 (February 1999), amended LR 25:1866 (October 1999).

Subchapter D. Depositions

§5921. General; When Taken

A. The taking of a deposition shall be governed by Code of Civil Procedure Articles 1437, et seq.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:273 (February 1999), amended LR 25:1866 (October 1999).

§5925. Depositions in Advance of Hearing; Perpetuation of Testimony

A. Depositions in advance of hearing shall be governed by R.S. 23:1319.

B. Any party seeking to offer the testimony of a witness at trial by deposition may take a deposition to perpetuate the trial testimony of such witness at any time prior to trial. Such deposition may be offered by any party and shall be admissible upon consent of the parties or as otherwise provided by these rules, the Code of Evidence and the Code of Civil Procedure.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:273 (February 1999), amended LR 25:1866 (October 1999), amended by the Louisiana Workforce

Commission, Office of Workers' Compensation, LR 37:1629 (June 2011).

§5927. Expert Witness Fee

A. For just cause shown, the workers' compensation judge may set a reasonable witness fee for expert testimony.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 33:657 (April 2007).

Subchapter E. Interrogatories

§5931. General

A. Interrogatories shall be governed by Code of Civil Procedure Articles 1457, et seq.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:274 (February 1999), amended LR 25:1866 (October 1999).

Subchapter F. Production of Documents

§5933. Production of Documents; General; Medical Evidence

A. In general, the production of documents shall be governed by Code of Civil Procedure Articles 1461, et seq. and R.S. 23:1127.

B. Objection to medical evidence shall be as provided in R.S. 23:1122. When a timely objection is received, the judge may set a hearing on the motion, or rule on the matter at the trial on the merits. The judge further has the discretion to order, after a contradictory hearing properly noticed by the court, a deposition of the doctor if necessary to clarify a report or to obtain additional information, during the discovery period or at the trial on the merits.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:274 (February 1999), amended LR 25:1866 (October 1999), LR 33:657 (April 2007).

Subchapter G. Admissions

§5941. Requests for Admission

A. Requests for admission shall be governed by Code of Civil Procedure Articles 1466, et seq.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:275 (February 1999), amended LR 25:1867 (October 1999).

Subchapter H. Medical Examinations

§5943. Independent Medical Examinations; Report; Deposition of Examiner; Objections

A. The procedure for requesting an independent medical examination shall be as provided in R.S. 23:1317.1.

B. Objections to the independent medical examination shall be made on Form LDOL-WC-1008 and shall be set for hearing before a judge within 30 days of receipt. No mediation shall be scheduled on disputes arising under this Section.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:275 (February 1999), amended LR 25:1867 (October 1999).

§5953. Right of an Employee to Written Report of Medical Examination

A. Entitlement of an employee to the written report of a medical examination shall be as provided in R.S. 23:1125.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:1867 (October 1999).

Subchapter I. Motion to Compel

§5955. Motion for Order Compelling Discovery

A. Motion for order compelling discovery shall be governed by Code of Civil Procedure Articles 1469, et seq., and R.S. 13:3715.1 and §5963.

B. Prior to filing a motion to compel discovery, a party shall comply with Rule 10.1 of the Rules for Louisiana District Courts adopted by the Louisiana Supreme Court.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:275 (February 1999), amended LR 25:1867 (October 1999), LR 33:657 (April 2007).

Subchapter J. Sanctions

§5961. Refusal to Obey Subpoena

A. When a person who, without reasonable excuse, fails to obey a subpoena, the judge may proceed with contempt proceedings as provided in R.S. 23:1310.7.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:276 (February 1999), amended LR 25:1867 (October 1999), LR 33:657 (April 2007).

§5963. Failure to Comply with Order Compelling Discovery

A. Failure to comply with order compelling discovery shall be governed by Code of Civil Procedure Article 1471. In addition, the judge may proceed with contempt proceedings as provided in R.S. 23:1310.7.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:276 (February 1999), amended LR 25:1867 (October 1999), LR 33:657 (April 2007).

Chapter 60. Pretrial Procedure

§6001. Scheduling Conferences

A. Within 60 days following receipt of the answer a scheduling conference for the purpose of setting pretrial deadlines shall be held by telephone.

B. Issues to be considered and determined at the scheduling conference may include:

1. the necessity or desirability of amendments to pleadings;
2. discovery anticipated by the parties;
3. deadlines for amendments to pleadings; completion of discovery and scheduling of pretrial motions;
4. scheduling of the pretrial conference and the scheduling of a pretrial mediation conference;
5. scheduling of the trial;
6. the need for and scheduling of a pretrial conference;
7. such other matters as may aid in the disposition of the action.

C. At the conclusion of the scheduling conference and no longer than 14 days following the conference, a scheduling order, developed by the director, shall be issued by the judge setting forth the actions taken and deadlines set at the conference. Such order shall control the subsequent course of the claim, unless modified to prevent manifest injustice upon motion of a party or by order of the court.

D. The judge in his discretion may require a pretrial conference to be held by telephone.

E. The trial date should not be more than six months from the scheduling conference.

F. If the parties agree, discovery may be conducted after the date set in the scheduling order for the completion of discovery and the parties shall notify the court.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:1867 (October 1999), amended LR 33:657 (April 2007), amended by the Louisiana Workforce Commission, Office of Workers' Compensation, LR 37:1629 (June 2011).

§6005. Pretrial Conference

A. When requested by the court, each party to the dispute shall file a pretrial statement with the appropriate district office within the time frame designated by the court.

B. The party or counsel who prepared and submitted the pretrial statement to the workers' compensation court should attend the pretrial conference. Any substitute permitted by the court to attend the conference shall be knowledgeable of all aspects of the case and shall possess the necessary authority to commit his client or associate regarding changes, stipulations, compromise/settlements, and trial dates.

C. The pretrial conference will be held by telephone, unless in the judge's discretion, attendance in person at the conference is necessary.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:277 (February 1999), amended LR 25:1868 (October 1999), LR 33:657 (April 2007), amended by the Louisiana Workforce Commission, Office of Workers' Compensation, LR 37:1629 (June 2011).

§6007. Pretrial Order

A. The pretrial statement shall include:

1. stipulations agreed to by all parties;
2. issues to be litigated;
3. contentions;
4. a list and brief description of all exhibits to be offered at trial; Exhibits to be used for impeachment or rebuttal need not be included in the list. Proposed stipulations as to exhibit authenticity and/or admissibility shall be noted in the exhibit list;
5. a list of all witnesses to be called at trial. The list shall include a short statement as to the nature but not the content of their testimony, and whether the testimony will be live or by deposition. Except for the witnesses listed, no other witnesses may be called to testify except for good cause shown. This requirement shall not apply to impeachment and rebuttal witnesses;
6. outstanding discovery and depositions to be taken.

B. Amendments to the pretrial statement shall only be by written motion and permitted only for good cause shown. No new issues shall be raised except by written order of the judge for good cause or upon mutual agreement of the parties.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:277 (February 1999), amended LR 25:1868 (October 1999), LR 33:657 (April 2007).

Chapter 61. Hearings**Subchapter A. Expedited Hearings****§6101. Examination of an Injured Employee**

A. The examination of an injured employee shall be governed by R.S. 23:1124.1.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:1868 (October 1999), amended LR 33:658 (April 2007).

Subchapter B. Continuance and Stays**§6103. General**

A. Continuances shall be as provided in Code of Civil Procedure Articles 1601, et seq.

B. A continuance shall not be granted for the absence of a subpoenaed witness if the subpoena was not issued in accordance with §5909 of these rules.

C. A continuance will not be entertained based upon a conflict in the schedule of any party or attorney if the conflict arose after the date of the scheduling conference, except for good cause shown or in cases of criminal assignments.

D.1. If all parties are represented by counsel and the motion is uncontested, the moving party shall certify to the court that he has spoken to opposing counsel, that no opposition exists and that all witnesses have been timely notified of the continuance. Only one uncontested motion must be granted. A new trial date shall be established by mutual agreement of the parties.

2. Subsequent uncontested motions for continuance by represented parties may be granted at the discretion of the workers' compensation judge and when the workers' compensation judge believes it is in the best interest of the parties.

E. If any of the parties are unrepresented, the uncontested motion may be granted if there are good grounds therefore and if the workers' compensation judge believes it is in the best interest of the parties.

F. The request for continuance shall state the reasons the continuance is necessary, that all parties have been notified of the request, and whether all parties agree to the continuance.

G. Joint requests for continuance of a pre-1008 or post-1008 mediation conference held by an Office of Workers' Compensation mediator shall be submitted to the selected mediator in writing.

H. Joint requests for continuance of a court-ordered mediation conference may be permitted for good cause shown by written motion to the judge where the claim was filed no later than three business days prior to the scheduled conference. The request shall state the reasons why the

continuance is necessary, that all parties have been notified of the request and that all parties agree to the continuance.

I. Contradictory motions for continuance of a court-ordered mediation conference shall be submitted by written motion to the judge where the claim was filed no later than five business days prior to the scheduled mediation. The judge may entertain such motion by telephone status conference with all parties participating. Such telephone status conference shall be initiated by the party requesting the continuance.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:277 (February 1999), amended LR 25:1868 (October 1999), LR 33:658 (April 2007), amended by the Louisiana Workforce Commission, Office of Workers' Compensation, LR 37:1630 (June 2011).

§6104. Stays

A. Upon motion of a party and for good cause shown, or at the discretion of the court in the interest of justice, the workers' compensation judge may order a stay of the claim.

B. When a stay is granted, a telephone status conference shall be set at such intervals as directed by the workers' compensation judge but at least every six months.

C. Section 5705.A of these rules shall not apply to any matter subject to a stay order as long as such order is in effect.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Workforce Commission, Office of Workers' Compensation Administration, LR 37:1630 (June 2011).

Chapter 62. Trial

Subchapter A. Trial Procedure

§6203. Trial on the Merits

A. The trial of a workers' compensation claim shall be governed by R.S. 23:1317.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:1869 (October 1999).

§6205. Cumulative Medical Testimony

A. The introduction of medical testimony in a hearing or trial shall be governed by R.S. 23:1124.1.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:278 (February 1999), amended LR 25:1869 (October 1999).

§6209. Testimony of Medical Personnel

A. Expert medical testimony may be admitted by:

1. certified medical records;
2. deposition;
3. oral examination in open court proceedings; however, no more than two physicians may present testimony for either party except by order of the judge;
4. any other manner provided by law.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:278 (February 1999), amended LR 25:1869 (October 1999), LR 33:658 (April 2007).

Subchapter B. Dismissal

§6211. Dismissal

A. Except as provided in §5705, dismissals shall be governed by Code of Civil Procedure Articles 1671 et seq.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:278 (February 1999), amended LR 25:1869 (October 1999), LR 33:658 (April 2007).

Subchapter C. Assessment of Costs

§6215. Assessment of Costs

A. The determination of whether costs shall be assessed against a party shall be governed by R.S. 23:1310.9.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:279 (February 1999), amended LR 25:1869 (October 1999).

Chapter 63. Judgments

Subchapter A. General

§6301. Submission of Evidence Submission for Judgement/Decision; Post Hearing Briefs

A. The parties shall file into the record all evidence at the time of trial or hearing unless the court, for good cause shown, grants an extension.

B. A case or other matter shall be considered as having been fully submitted for decision immediately upon the conclusion of trial or hearing or final submission of all evidence or post-trial/hearing briefs, whichever occurs latest.

C. Whenever, the judge allows or orders post-trial/hearing briefs, the parties shall be allowed a maximum of 15 working days from the conclusion of the trial or final submission of all evidence, whichever occurs latest, to file the briefs.

D. The brief must be received in the district office either through the United States Postal Service, facsimile transmission, or electronic transmission (with verified

signature) within the delays provided and without benefit of the use of the postmark to meet the deadline.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:279 (February 1999), amended LR 25:1869 (October 1999), LR 33:658 (April 2007).

§6303. Completion of Trial; Pronouncement of Judgment; Time for Judgments or Orders; Written Reasons

A. The procedures for completion of trial and pronouncement of judgment shall be governed by R.S. 23:1310.5.A.(1) and 1201.3.A. All such orders, decisions, or awards shall be rendered no later than 45 calendar days after conclusion of trial, submission of all evidence or filing of post-trial/hearing briefs, whichever occurs later.

B. Written reasons shall only be rendered if requested in written form by any party to the claim within 10 days of the signing of the judgment. The written reasons shall be issued by the judge not later than 45 calendar days following the request.

C. After the submission of all evidence oral rulings may be issued from the bench immediately after the trial or subsequent to the trial. In either case, the oral ruling shall be made by recitation of the reasons for judgment in open court and capable of being transcribed from the record of the proceeding. The transcript of the oral reasons for judgment may be considered the written reasons for judgment.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:279 (February 1999), amended LR 25:1869 (October 1999), LR 33:658 (April 2007).

Subchapter B. Default

§6305. Default; General Provisions; Scope of Judgment

A. The general rule regarding default in a workers' compensation claim shall be governed by R.S. 23:1316 and 1316.1 and Code of Civil Procedure Article 1703.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:279 (February 1999), amended LR 25:1870 (October 1999).

Subchapter C. Modification

§6311. General

A. The modification of an award shall be governed by R.S. 23:1310.8(A)(1), (B) and (F).

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR

25:279 (February 1999), amended LR 25:1870 (October 1999), LR 33:659 (April 2007).

§6313. Amendment of Judgment

A. Amendments of judgment shall be governed by Code of Civil Procedure Article 1951.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:279 (February 1999), amended LR 25:1870 (October 1999).

§6315. Request for Modification

A. Any party to the claim may apply for modification pursuant to §6311. If the original decision or award was made by a district court judge, the party seeking the modification shall furnish the workers' compensation judge with the appropriate evidence and documents from the district proceedings.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:279 (February 1999), amended LR 25:1870 (October 1999), LR 33:659 (April 2007).

§6317. Exception

A. A motion for new trial shall be governed by Code of Civil Procedure Articles 1971 et seq.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:279 (February 1999), amended LR 25:1870 (October 1999), LR 33:659 (April 2007).

Chapter 64. Appellate Procedure

Subchapter A. General

§6401. General

A. All appeals shall be taken in accordance with the procedures set forth in R.S. 23:1310.5 and, where not in conflict, the Louisiana Code of Civil Procedure and the relevant rules of the appropriate circuit court of appeal.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:279 (February 1999), amended LR 25:1870 (October 1999).

§6405. Payment of Appellate Costs

A. Payment of appellate costs shall be governed by Code of Civil Procedure Articles 2126, et seq.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:279 (February 1999), amended LR 25:1870 (October 1999).

Chapter 65. Special Disputes

Subchapter A. Attorney Fees

§6501. Disputed Attorney Fees

A. When a dispute arises among several attorneys as to the identity of claimant's counsel of record, or when several successive attorneys lay claim to a fee in the same case, the judge shall decide the issues raised and allocate the fee allowed in accordance with Rule 1.5 of the Rules of Professional Conduct of the Louisiana Supreme Court.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:280 (February 1999), amended LR 25:1870 (October 1999), LR 33:659 (April 2007).

§6503. Attorney Fees; Application, Review and Approval

A. Whenever the judge renders an award of penalties or attorney fees due to the conduct of the other party under any provision authorized by the Workers' Compensation Act, the judgment shall state the specific acts or omissions of the party which gave rise to the award of a penalty or attorney fee. When attorney fees are awarded due to the conduct of a party the judgment shall state the basis for the amount of the award.

B. Attorney fee claims under R.S. 23:1141 for allowable portions of periodic payments of indemnity benefits recovered by claimants shall only be authorized after approval by the presiding judge upon filing of a motion for such fees filed by the claimant's attorney.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:281 (February 1999), amended LR 25:1870 (October 1999).

§6505. Reserved.

Subchapter B. Social Security Offset

§6507. Offset

A. A request for offsets pursuant to R.S. 23:1225(C) made in connection with a disputed claim shall be made by filing Form LDOL-WC-1008 or by responsive pleading. An order shall be issued recognizing the entitlement to the offset for social security benefits from the date of judicial demand, and setting the amount of the offset after a determination of the character of the disability, the right to the offset, and calculation of the offset. A contradictory hearing properly noticed by the court may be set by the judge for this determination. Notice shall be provided to the claimant or his representative prior to issuance of the order. The order shall be served by certified mail upon all parties and the Social Security Administration. Such offsets may be taken upon receipt of proof of service of the order upon the Social Security Administration by the Office of Workers'

Compensation Administration. Such offsets shall not be taken unless the social security offset has been removed.

B. A request for offsets pursuant to R.S. 23:1225(A) made in connection with a claim not in dispute may be made by motion on Form LWC-WC-1005(A) or by letter, filed in the appropriate district office. When properly filed, the motion or letter requesting an offset may be granted ex parte from date of filing. Such offsets shall not be taken unless the social security offset has been removed. No fee shall be charged in connection with a request made under this Subsection.

C. A unilateral reverse offset shall not be recognized by this office after March 20, 1993. A unilateral offset under any other Subsection of R.S. 23:1225 shall not be recognized by this office after January 1, 2000.

D. Information concerning receipt of Social Security benefits and the amounts thereof shall be obtained on Form LDOL-WC-1004, which shall be properly executed by an official designated by the Social Security Administration.

E. An official of the Social Security Administration shall not be subject to subpoena under this rule unless for good cause shown.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:281 (February 1999), amended LR 25:1871 (October 1999), LR 33:659 (April 2007), amended by the Louisiana Workforce Commission, Office of Workers' Compensation, LR 37:1630 (June 2011).

Subchapter C. Financial and Compliance Hearings

§6509. Financial and Compliance Hearings

A. Any party may request a mediation conference which shall be held within 15 days of the filing of an appeal for financial and compliance matters.

B. If a resolution is not reached, a hearing on the appeal held pursuant to R.S. 23:1171 shall be held within 15 days of the conclusion of the initial mediation conference, and shall be conducted in accordance with the provisions of the Administrative Procedure Act.

C. Suspensive appeals of a determination of the financial and compliance officer will not be entertained.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:281 (February 1999), amended LR 25:1871 (October 1999), LR 33:659 (April 2007), amended by the Louisiana Workforce Commission, Office of Workers' Compensation, LR 37:1630 (June 2011).

Chapter 66. Miscellaneous

Subchapter A. General

§6601. Other Applicable Rules

A. Unless otherwise provided for in these rules, any practice or procedure not in conflict with either the Workers' Compensation Act or these rules will be guided by practice and procedure provided for in the Louisiana Code of Civil Procedure.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:281 (February 1999), amended LR 25:1871 (October 1999).

§6603. Local Rules Prohibited

A. Local rules by any district office of the Office of Workers' Compensation Administration are prohibited.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:281 (February 1999), amended LR 25:1871 (October 1999).

§6605. Fees

A. The clerks for the Office of Workers' Compensation Administration shall be entitled to demand and receive the following fees as court costs in a workers' compensation dispute. Fees not pre-paid shall be due upon dismissal of or final judgment in the docket number, or on demand by the clerk:

1. filing of LWC-WC-1008—\$50;
2. filing of LWC-WC-1011 when no LWC-WC-1008 for the same parties, same accident, and same issue(s) is pending—\$50;
3. service of process on secretary of state—\$50 or as otherwise set by the secretary of state;
4. copies of any paper in any suit record—\$0.25 per page;
5. for each certification—\$1 per page;
6. filing by facsimile or electronic transmission—\$5 transmission fee per hearing rule, §5701.C.1.c, in addition to \$5 for the first 5 pages and \$2.50 for each page thereafter;
7. cost of preparation of record for appeal—available upon request from the district offices;
8. cost of service by certified mail—\$8 per service;
9. subpoenas/subpoenas *duces tecum*—\$5;
10. privilege of litigating without prior payment of costs.

a. If a requestor is unable to pay the costs of court in advance because of his or her poverty and lack of means, the requestor shall fully execute an *in forma pauperis*

request on the LWC request for waiver of advance costs form, and file the form with the Office of Workers' Compensation Administration. If the form is deemed proper and the relief sought appropriate, a workers' compensation judge shall execute the pauper order, and the filing fee will not be due in advance or as they accrue. If the request is denied by a workers' compensation judge, all costs shall be pre-paid in full before any documents may be filed.

b. In the event any person seeks to prosecute a suit in a workers' compensation court while incarcerated or imprisoned for the commission of a felony without paying the costs in advance as they accrue or furnishing security thereof, the court shall require such person to advance costs in accordance with *Louisiana Code of Civil Procedure*, article 5181(B) and (C).

B. The Office of Workers' Compensation Administration shall be entitled to demand and receive the following fees which shall be pre-paid in full before any records are produced, unless otherwise ordered by a workers' compensation judge or otherwise provided by law:

1. record request—\$25 per request per docket number;
2. certification fee—\$25 per request per docket number;
3. if a requestor is indigent and seeks to have the fee waived, the requestor shall fully execute an *in forma pauperis* request on the LWC request for waiver of advance costs form, and file the form with the Office of Workers' Compensation Administration. If the form is deemed proper and the relief sought appropriate, a workers' compensation judge shall execute the pauper order, and the records request will be produced without pre-payment. If the request is denied by a workers' compensation judge, all costs shall be pre-paid in full before any records are produced.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:281 (February 1999), amended LR 25:1871 (October 1999), amended by the Louisiana Workforce Commission, Office of Workers' Compensation, LR 37:1630 (June 2011), amended by the Workforce Commission, Office of Workers' Compensation Administration, LR 42:763 (May 2016), LR 44:102 (January 2018).

§6607. Posting of Docket

A. The clerk of the district office shall keep a docket upon which shall be entered the docket reference number of all matters set for mediation, hearing, or trial. The docket shall be posted on the Department of Labor website and in a conspicuous location of the district office on the first work day of each week for that week.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:282 (February 1999), amended LR 25:1871 (October 1999), LR 33:659 (April 2007).

Subchapter B. Costs

§6609. General

A. The awarding of costs shall be governed by R.S. 23:1317(B) and Code of Civil Procedure Article 1920.

B. The costs of preparing an appeal shall be initially sustained by the appellant. In the case of pauper, the costs incurred by the Office of Workers' Compensation Administration in preparing the transcript shall be sustained by the Office of Workers' Compensation Administration only where the pauper is the losing party.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:282 (February 1999), amended LR 25:1872 (October 1999).

§6611. Medical Costs

A. Except as provided in R.S. 23:1034.2(E), the determination of all medical reimbursement shall be based upon the reimbursement schedule in effect at the time the services are rendered. Every attempt to resolve disputes over medical reimbursement shall be made by applying said schedule(s).

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:282 (February 1999), amended LR 25:1872 (October 1999), LR 33:659 (April 2007).

Subchapter C. Waiver of Costs for Indigent Party

§6613. General

A. Waiver of costs for indigent party shall be governed by *Code of Civil Procedure*, articles 5181 et seq. The request for waiver of costs shall be made on LWC request for waiver of payment of advance costs form.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:282 (February 1999), amended LR 25:1872 (October 1999), LR 33:660 (April 2007), amended by the Workforce Commission, Office of Workers' Compensation Administration, LR 44:103 (January 2018).

Subchapter D. Severability of Sections

§6627. General

A. If any provision or item of a Section, or the application thereof, is held to be invalid, such invalidity shall not affect other provisions, items, or applications of the section which can be given effect without the invalid provision, item or application.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:283 (February 1999), amended LR 25:1872 (October 1999).

Subchapter E. Forms

§6629. Annual Report of Workers' Compensation Costs; Form LDOL-WC-1000

ANNUAL REPORT OF WORKERS' COMPENSATION COSTS

FOR CALENDAR YEAR _____

1. EMPLOYER INFORMATION		2. INSURANCE COMPANY INFORMATION	
Fed EIN: _____		Phone Number: _____ ()	
3. Coverage Provided: <input type="checkbox"/> Self-insured / Excess Insurance <input type="checkbox"/> Conventional Workers' Compensation Policy <input type="checkbox"/> Combination of Insurance Policies [R.S. 23:1168(A)(2)]			
4. COSTS INCURRED DURING THE CALENDAR YEAR (See Instructions)			
		Paid by Employer	Paid by Insurance
A. Indemnity Benefits:			
	1. Temporary Total		
	2. Supplemental Earnings		
	3. Permanent Partial		
	4. Permanent Total		
	5. Death Benefits		
	6. Other Compensation		
	TOTAL INDEMNITY BENEFITS		
B. TOTAL COMPROMISE/LUMP SUM SETTLEMENTS:			
C. Medical Expenses:			
	1. Hospital		
	2. Physicians		
	3. Diagnostic Tests/Procedures		
	4. Prescription Drugs		
	5. Transportation		
	6. Independent Medical Exams		
	7. Physical/Occupational Therapy		
	8. Other		
	TOTAL MEDICAL EXPENSES		
D. Rehabilitation Expenses			
	1. Vocational Rehabilitation		
	2. Labor Market Surveys		
	3. Evaluations		
	4. Other		
	TOTAL REHABILITATION EXPENSES		
		Paid by Employer	Paid by Insurance

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E. TOTAL FUNERAL EXPENSES			
F. Legal Expenses			
	1. Attorney Fees		
	2. Court Costs		
	3. Deposition Costs		
	4. Investigation Costs		
	5. Penalties and Interest		
	6. Administrative/Other Costs		
	TOTAL LEGAL EXPENSES		
G. Cost Summary			
	1. Total Indemnity Benefits (ITEM A)		
	2. Total Compromise/Lump Sum Settlements (ITEM B)		
	3. Total Medical Expenses (ITEM C)		
	4. Total Rehabilitation Costs (ITEM D)		
	5. Total Funeral Expenses (ITEM E)		
	6. 3rd Party Recoveries for Costs (Not Included Above)		
	7. Total Assessable Costs (1+2+3+4+5+6)		
	8. Total Legal Expenses (ITEM F)		
	9. TOTAL WORKERS' COMPENSATION COSTS		
H. Number of Claims Summary			
	1. Carried over from prior year		
	2. Opened during current year		
	3. Closed during current year		
	4. Open at year end (1 + 2 - 3)		
	5. Total Medical only claims		
I. OPEN RESERVE CLAIMS (at year end)			
Number			
Amount			
NOTE: The amount of compensation benefits paid will be used by the director to make assessments for the administration of the Workers' Compensation Office under the provisions of Act 29, 1983, R.S. 23:1291.1 All other information submitted will be used for statistical records only with the names of employers and carriers being confidential and privileged. (R.S. 23:1293)			
FOR OFFICIAL USE ONLY		I certify that the information contained herein is true and correct to the best of my knowledge and belief.	
		Signature	Date

LABOR AND EMPLOYMENT

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:283 (February 1999).

§6631. Notice of Payment, Modification, Suspension, Termination or Controversion of Compensation or Medical Benefits

EMPLOYER/PAYOR MAIL TO:
OFFICE OF WORKERS' COMPENSATION
POST OFFICE BOX 94040
BATON ROUGE, LA 70804-9040

- 1. Employee Social Security No.
2. Payor Claim No.
3. Date of Injury/Illness
4. Date of Notice

NOTICE OF PAYMENT, MODIFICATION, SUSPENSION, TERMINATION OR CONTROVERSION OF COMPENSATION OR MEDICAL BENEFITS

5. Purpose of Form (check one):
Initial Payment ___ Modification ___ Suspension ___ Termination ___ Controversion ___

6. (a) Employee Name:
Address:
Telephone:

(b) Employee Representative Name (if known)
Address:
Telephone:
Facsimile:

(c) Employer Name:
Address:
Telephone:
Facsimile:

7. Effective Date of Initial Payment, Modification, Suspension, Termination or Controversion: ___/___/20___

8. Description of Injury/Occupational Disease: _____

9. Average Weekly Wage: \$ _____

10. Payment/Modification (check one): Initial Payment ___ Modification ___

Indemnity Benefits are to be paid as follows:

- A. Permanent Total Disability (PTD) ___ Temporary Total Disability (TTD) ___ (check one) benefits at the rate of \$ ___ per week;
B. Supplemental Earnings Benefits (SEB) paid at the rate of \$ ___ per ___ based on a wage earning capacity of \$ ___; OR

SEB paid at the rate of \$ ___ per ___ dependent on wages as reflected in LWC-WC-1020's to be submitted by employee each month;

C. Reduced PTD ___ TTD ___ SEB ___ (check one) at the rate of \$ ___ due to employee's receipt of (check applicable item):

- ___ Social Security Benefits at the rate of \$ ___ per ___;
___ Other Workers' Compensation Benefits at the rate of \$ ___ per ___;
___ Employer Funded Disability Benefits at the rate of \$ ___ per ___;
___ Unemployment Insurance Benefits
___ Third Party Recovery in the amount of \$ ___
___ 50% reduction of compensation based on Employee's refusal to cooperate with Vocational Rehabilitation
___ Reduction due to child support order
___ Other (Describe): _____

D. Permanent Partial Disability (PPD) Benefits of \$ ___ per week payable for ___ weeks.

E. Death Benefits have begun in the amount of \$ ___ per week, representing ___% of AWW.

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Employee Name _____
Date of injury/illness _____

11. Suspension/Termination

Indemnity and/or Medical Benefits have been suspended/terminated due to:

____ Employee's refusal to submit to a medical examination;

____ Employee's refusal to execute a Choice of Physician form;

____ Fraud

____ Dispute over Compensability (Describe): _____

____ Employee's refusal to return the form LWC-WC-1025 or LWC-WC-1020;

____ Released to return to work full duty;

____ Employee able to earn 90% of pre-accident average weekly wage; or

____ Other (Describe): _____

12. Controversion

Employee's rights to Indemnity and/or Medical Benefits are disputed and have been denied because Employer/Payor disputes:

____ Compensable Work Accident;

____ Compensable Injury;

____ Employment Relationship;

____ Causation;

____ Disability;

____ Fraud;

____ Jurisdiction; or

____ Other (Describe): _____

13. Notice Submitted By:

Signature of Preparer: _____

Printed name: _____

Position/Affiliation: _____

Telephone: _____

Facsimile: _____

Address: _____

14. Please provide the following information:

Payor/Self Insured Employer Name: _____

Telephone: _____

Facsimile: _____

Address: _____

NOTICE OF DISAGREEMENT

(to be completed by Employee/Employee Representative)

MAIL TO: Employee Social Security No.: _____ - _____ - _____

The preparer for Employer/Payor Payor Claim No. (if known): _____

LABOR AND EMPLOYMENT

at the address listed in Section 13

Date of Injury/Illness: _____

of the LWC-WC-1002. Date of Notice of Disagreement:

BASIS OF DISAGREEMENT

- 1. Average Weekly Wage is incorrect. The correct AWW amount is \$ _____.
- 2. The type of workers' compensation indemnity benefits is incorrect. The correct type is PTD/TTD/SEB/PPD (circle one).
- 3. The amount/rate of workers' compensation indemnity benefits is incorrect. The correct amount is \$ _____ per _____.
- 4. The basis for Employer/Payor's suspension/termination/controversion of benefits is incorrect because (describe):

5. Other (describe): _____

6. Notice Submitted By:

Employee Name: _____
 Telephone: _____
 Address: _____

Employee Representative _____
 La. Bar Roll No. _____
 Address: _____

Telephone: _____
 Facsimile: _____

Signature _____
 Printed name: _____

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:286 (February 1999), amended by the Workforce Commission, Office of Workers Compensation, LR 40:387 (February 2014).

§6633. Stop Payment Form; Form LDOL-WC-1003

MAIL TO:
OFFICE OF WORKERS' COMPENSATION
POST OFFICE BOX 94040
BATON ROUGE, LA 70807-9040

SOCIAL SECURITY NUMBER

(225) 342-7565, TOLL FREE (800) 201-3457

DATE OF INJURY/ILLNESS

STOP PAYMENT FORM

This form is sent by the Employer/Insurer to the injured worker and the OWC within 30 days of the closure of a case.
An AMENDED COPY is required if the case re-opens or additional costs are incurred.

1. (Employee) (Date of Birth) 2. Date of this Notice
3. Part(s) of Body Injured 4. Date Compensation Paid Through

5. Purpose of Form: (check one)
Payment stopped-Employee working at equal or greater wage
Payment stopped-Employee able to work at same or greater wage
Payment stopped-Lump sum/Compromise settlement approved
Other
Payment stopped-Maximum period for paying SEB has expired
Payment stopped-3rd Party recovery without notice
Amend or correct prior 1003

6. Length of Disability weeks days.
7. Give ICD - 9 Diagnostic code(s)
8. Give CPT Procedure code(s)

9. COSTS INCURRED FOR THIS CASE:

A. Indemnity Benefits
1. Temporary total \$
2. Supplemental earnings
3. Permanent partial
4. Permanent total
5. Death benefits
6. Other benefits
TOTAL INDEMNITY BENEFITS.
(Add A. items 1-6)
D. Rehabilitation Expenses
1. Medical rehabilitation \$
2. Vocational rehabilitation
3. Labor Market Survey
4. Evaluation
5. Other
TOTAL REHABILITATION EPENSES.
(Add D. Items 1-5)

B. TOTAL SETTLEMENT AMOUNT \$
C. Medical Expenses
1. Hospital \$
2. Physician
3. Diagnostic Tests/Procedures
4. Prescription Drugs
5. Transportation Costs
6. Independent Medical Exams
7. Occupational/Physical Therapy
8. Other
TOTAL MEDICAL EXPENSES.
(Add C. Items 1-8)
E. TOTAL FUNERAL EXPENSES. \$
F. Legal Expenses
1. Attorney Fees \$
2. Court Costs
3. Deposition Costs
4. Investigation Costs
5. Penalties and Interest
6. Administrative/Other Costs
TOTAL LEGAL EXPENSES
(Add E. Items 1-5)

G. 3RD PARTY RECOVERIES FOR COSTS \$
(NOT INCLUDED ABOVE)
H. TOTAL WORKERS' COMPENSATION COSTS \$
(Add A - G)
I. BALANCE OF UNUSED RESERVES. \$

Submitted by:
Preparer's Name:
Employer/Insurer:
Address:
Phone: ()
Employer/Insurer NCCI Number:
Phone: ()
Employer/Insurer NCCI Number:

LABOR AND EMPLOYMENT

§6635. Request for Social Security Benefits Information; Form LDOL-WC-1004

REQUEST FOR SOCIAL SECURITY BENEFITS INFORMATION

(L.R.S. 23:1225)

DATE _____

NAME _____ SSN _____

Please provide information concerning the referenced worker.

Workers' Compensation Judge

Type of Social Security Benefit: _____ Disability _____ Retirement _____ Other _____ None

Current Social Security Benefit Paid to Employee \$ _____

Number of Auxillaries/Dependants on Record # _____

Age of Youngest Auxillary/Dependant _____

PART I - CALCULATION OF INITIAL OFFSET

Date of Entitlement _____

1. Original 80 Percent Average Current Earnings (ACE) on Record \$ _____

2. Total Family Benefit (TFB) \$ _____

3. Higher of Amounts Shown Above \$ _____

4. Monthly Workers' Compensation (WC) Rate
(Subject to reduction due to allowable expenses)..... \$ _____

5. Social Security Benefits Payable After Offset in Month of Entitlement
(#3 minus #4, if a negative amount show 0)..... \$ _____

6. Original Federal Offset Amount (#2 minus #5)..... \$ _____

PART II - CHANGE IN FEDERAL OFFSET AMOUNT DUE TO TRIENNIAL REDETERMINATION

OF THE ACE (42 USC 424 (F) (1) and 20 CFR 404.408(1))

Effective January _____

1. Redetermined 80 Percent ACE \$ _____

2. Original 80 Percent ACE \$ _____

3. Difference Between Original and Redetermined ACE (#2 minus #1)..... \$ _____

4. Cost of Living Allowance (COLA) Increases for Same Period of Time (Date of Entitlement Through
Date of Redetermination \$ _____

5. Decrease in Offset (#3 minus #4; if negative, show 0) \$ _____

6. Federal Offset Amount (#6 in Part I minus #5)..... \$ _____

The next Triennial Redetermination of the ACE should be completed in / /

PREPARED BY: _____

Social Security Field Office

**NOTE from the Office of the State Register: The backside of this form (LDOL-WC-1004) was not included on the disk. This form will need to be scanned or obtained from the agency.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:290 (February 1999).

§6637. Motion for Recognition of Right to Social Security Offset; Form LDOL-WC-1005A

Attached hereto and designated as "Attachment Number 5."

STATE OF LOUISIANA
DEPARTMENT OF LABOR
OFFICE OF WORKERS' COMPENSATION

_____* SS#:_____
VERSUS * DOCKET NO:_____
_____* DISTRICT:_____

MOTION FOR RECOGNITION OF RIGHT TO SOCIAL SECURITY OFFSET

NOW INTO COURT as undersigned comes _____, employer/insurer in the referenced case, and requests the Workers' Compensation Judge to enter an order recognizing its right to take the reverse offset, since the claimant in this matter is receiving permanent total disability benefits under the Louisiana Workers' Compensation Act in addition to benefits under 42 U.S.C. Chapter 7, Subchapter II, entitled Federal Old Age, Survivors, and Disability Insurance Benefits.

SIGNED this the _____ day of _____, 20__.

(PRINT NAME)
Agent for _____

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:293 (February 1999), amended LR 25:1872 (October 1999).

§6639. Order Recognizing Right to Social Security Offset; Form LDOL-WC-1005B

Attached hereto and designated as "Attachment Number 6".

STATE OF LOUISIANA
DEPARTMENT OF LABOR OFFICE OF WORKERS' COMPENSATION

_____* SS#:_____
VERSUS * DOCKET NO:_____
_____* DISTRICT:_____

ORDER RECOGNIZING RIGHT TO SOCIAL SECURITY OFFSET

This matter is before the Workers' Compensation Judge on the motion of the employer/insurer for recognition of its right to claim the Social Security reverse offset in this case. The Workers' Compensation Judge finds that the claimant is receiving permanent total disability benefits under the provisions of the Louisiana Workers' Compensation Act in addition to benefits under 42 U.S.C. Chapter 7, Subchapter II, entitled Federal Old Age, Survivors, and Disability Insurance Benefits. The Workers' Compensation Judge further finds the under that provisions of L.R.S. 23:1225(A) the employer/insurer has claimed and is entitled to a reduction in the Workers' Compensation benefits paid to claimant in the amount of.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that the employer/insurer is hereby allowed to offset the Workers' Compensation benefits paid to claimant in the amount of _____, beginning on _____, 20____, the date of employer/insurer's judicial demand.

IT IS FURTHER ORDERED, ADJUDGED AND DECREED that the Social Security Administration reverse its Social Security offset effective _____, 20____, the date of employer/insurer's judicial demand.

READ, RENDERED AND SIGNED this the _____ day of _____, 20__ at _____ Parish, Louisiana.

WORKERS' COMPENSATION JUDGE

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:293 (February 1999), amended LR 25:1872 (October 1999).

§6641. Subpoena for Deposition and Subpoena Duces Tecum; Form LDOL-WC-1006A

SUBPOENA FOR DEPOSITION AND SUBPOENA DUCES TECUM

_____* DOCKET NO. _____ DISTRICT
VERSUS * OFFICE OF WORKERS' COMPENSATION
_____* STATE OF LOUISIANA

TO _____

YOU ARE HEREBY COMMANDED to appear at the office of

address _____

Telephone # _____ at _____ o'clock _____
m. on the _____ day of _____, 20____, to have your oral testimony taken in the above entitled and numbered cause.

YOU ARE/ARE NOT (circle one) FURTHER COMMANDED to produce at the above time and place the following:

This **SUBPOENA** was issued by the Office of Workers' Compensation on the _____ day of _____, 20____.

J. KAREN BEVAN, RECORDS MANAGER
Office of Workers' Compensation

This **SUBPOENA** was ordered by _____ I hereby certify I have served a copy of this subpoena on all attorneys of record.
Attorney: _____

Telephone: (____) _____

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:294 (February 1999).

§6643. Subpoena Duces Tecum for Inspection; Form LDOL-WC-1006B

LABOR AND EMPLOYMENT

SUBPOENA AND SUBPOENA DUCES TECUM

* DOCKET NO. _____ DISTRICT
VERSUS * OFFICE OF WORKERS' COMPENSATION
* STATE OF LOUISIANA
TO _____

YOU ARE HEREBY COMMANDED to appear before the Workers' Compensation Court at

Telephone # _____ at _____ o'clock
m. on the _____ day of _____, 20____, or on any other day that this matter may be continued to give testimony in the above entitled and numbered cause. You must remain in Court until discharged by the Judge. You must testify to the truth, to the best of your knowledge in this case.

YOU ARE/ARE NOT (circle one) FURTHER COMMANDED to produce at the above time and place the following:

FAILURE TO APPEAR OR PRODUCE AS DIRECTED ABOVE SHALL SUBJECT YOU TO ANY PENALTY AS PRESCRIBED BY LAW.

This SUBPOENA was issued by the Office of Workers' Compensation on the _____ day of _____, 20____.

J. KAREN BEVAN, RECORDS MANAGER
Office of Workers' Compensation

This SUBPOENA was ordered by Attorney: I hereby certify I have served a copy of this subpoena on all attorneys of record.

Telephone: (____) _____

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:294 (February 1999).

§6645. Subpoena and Subpoena Duces Tecum; Form LDOL-WC-1006C

SUBPOENA AND SUBPOENA DUCES TECUM

* DOCKET NO. _____ DISTRICT
VERSUS * OFFICE OF WORKERS' COMPENSATION
* STATE OF LOUISIANA
TO _____

YOU ARE HEREBY COMMANDED to appear before the Workers' Compensation Court at

Telephone # _____ at _____ o'clock
m. on the _____ day of _____, 20____, or on any other day that this matter may be continued to give testimony in the above entitled and numbered cause. You must remain in Court until discharged by the Judge. You must testify to the truth, to the best of your knowledge in this case.

YOU ARE/ARE NOT (circle one) FURTHER COMMANDED to produce at the above time and place the following:

FAILURE TO APPEAR OR PRODUCE AS DIRECTED ABOVE SHALL SUBJECT YOU TO ANY PENALTY AS PRESCRIBED BY LAW.

This SUBPOENA was issued by the Office of Workers' Compensation on the _____ day of _____, 20____.

J. KAREN BEVAN, RECORDS MANAGER
Office of Workers' Compensation

This SUBPOENA was ordered by Attorney: I hereby certify I have served a copy of this subpoena on all attorneys of record.

Telephone: (____) _____

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:294 (February 1999).

§6647. Employer's Report of Injury/Illness; Form LWC-WC-IA-1

Workers Compensation—First Report of Injury or Illness

EMPLOYER (NAME & ADDRESS INCL ZIP)		CARRIER/ADMINISTRATOR CLAIM NUMBER		OSHA LOG NUMBER		REPORT PURPOSE CODE									
		JURISDICTION				JURISDICTION CLAIM NUMBER									
		INSURED REPORT NUMBER													
		EMPLOYER'S LOCATION ADDRESS (IF DIFFERENT)						LOCATION #							
INDUSTRY CODE		EMPLOYER FEIN						PHONE #							
CARRIER/CLAIMS ADMINISTRATOR															
CARRIER (NAME, ADDRESS, & PHONE #)				POLICY PERIOD		CLAIMS ADMINISTRATOR (NAME, ADDRESS & PHONE NO)									
				TO											
				CHECK IF APPROPRIATE											
				SELF INSURANCE											
CARRIER FEIN		POLICY/SELF-INSURED NUMBER				ADMINISTRATOR FEIN									
AGENT NAME & CODE NUMBER															
EMPLOYEE/WAGE															
NAME (LAST, FIRST, MIDDLE)				DATE OF BIRTH		SOCIAL SECURITY NUMBER		DATE HIRED	STATE OF HIRE						
ADDRESS (INCL ZIP)				SEX		MARITAL STATUS		OCCUPATION/JOB TITLE							
				M	MALE	U	UNMARRIED SINGLE/DIVORCED	EMPLOYMENT STATUS							
				F	FEMALE	M	MARRIED								
J	UNKNOWN	S	SEPARATED												
PHONE				# OF DEPENDENTS		K		UNKNOWN	NCCI CLASS CODE						
RATE PER:		<input type="checkbox"/> DAY	<input type="checkbox"/> WEEK	<input type="checkbox"/> MONTH	<input type="checkbox"/> OTHER:	DAYS WORKED/WEEK		FULL PAY FOR DAY OF INJURY?		<input type="checkbox"/> YES	<input type="checkbox"/> NO				
		<input type="checkbox"/> YES	<input type="checkbox"/> NO					<input type="checkbox"/> YES	<input type="checkbox"/> NO						
OCCURRENCE/TREATMENT															
TIME EMPLOYEE BEGAN WORK		<input type="checkbox"/> AM	<input type="checkbox"/> PM	DATE OF INJURY/ILLNESS		TIME OF OCCURRENCE		<input type="checkbox"/> AM	<input type="checkbox"/> PM	LAST WORK DATE		DATE EMPLOYER NOTIFIED		DATE DISABILITY BEGAN	
				() CANNOT BE DETERMINED											
CONTACT NAME/PHONE NUMBER				TYPE OF INJURY/ILLNESS				PART OF BODY AFFECTED							
DID INJURY/ILLNESS/EXPOSURE OCCUR ON EMPLOYER'S PREMISES?				<input type="checkbox"/> YES <input type="checkbox"/> NO				TYPE OF INJURY/ILLNESS CODE				PART OF BODY AFFECTED CODE			
DEPARTMENT OR LOCATION WHERE ACCIDENT OR ILLNESS EXPOSURE OCCURRED						ALL EQUIPMENT, MATERIALS, OR CHEMICALS EMPLOYEE WAS USING WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED									
SPECIFIC ACTIVITY THE EMPLOYEE WAS ENGAGED IN WHEN THE ACCIDENT OR ILLNESS EXPOSURE OCCURRED						WORK PROCESS THE EMPLOYEE WAS ENGAGED IN WHEN ACCIDENT OR ILLNESS EXPOSURE OCCURRED									
HOW INJURY OR ILLNESS/ABNORMAL HEALTH CONDITION OCCURRED. DESCRIBE THE SEQUENCE OF EVENTS AND INCLUDE ANY OBJECTS OR SUBSTANCES THAT DIRECTLY INJURED THE EMPLOYEE OR MADE THE EMPLOYEE ILL												CAUSE OF INJURY CODE			
DATE RETURN(ED) TO WORK		IF FATAL, GIVE DATE OF DEATH		WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED?				<input type="checkbox"/> YES	<input type="checkbox"/> NO						
				WERE THEY USED?				<input type="checkbox"/> YES	<input type="checkbox"/> NO						
PHYSICIAN/HEALTH CARE PROVIDER (NAME & ADDRESS)				HOSPITAL OR OFF SITE TREATMENT (NAME & ADDRESS)				INITIAL TREATMENT							
								0	NO MEDICAL TREATMENT						
								1	MINOR: BY EMPLOYER						
								2	MINOR CLINIC/HOSP						
								3	EMERGENCY CARE						
								4	HOSPITALIZED > 24 HOURS						
								5	FUTURE MAJOR MEDICAL/ LOST TIME ANTICIPATED						
OTHER															
WITNESSES (NAME & PHONE #)															
DATE ADMINISTRATOR NOTIFIED		DATE PREPARED		PREPARER'S NAME & TITLE				PHONE NUMBER							
FORM IA-1(r 1-1-02)						IAIABC 2002									

LABOR AND EMPLOYMENT

LWC-WC-IA-1-Rev 12/2012

Title 40, Part I

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

§6649. Disputed Claim for Compensation; Form LDOL-WC-1008

HISTORICAL NOTE: Promulgated by the Louisiana Workforce Commission, Office of Workers Compensation, LR 38:3252 (December 2012).

Mail To:
LOCAL DISTRICT OFFICE
OR
OFFICE OF WORKERS' COMPENSATION
POST OFFICE BOX 94040
BATON ROUGE, LA 70804-9040
For information call (225) 342-7565
or Toll Free (800) 201-3457

1. Social Security No. _____ - _____ - _____
2. Date of Injury/Illness _____ - _____ - _____
3. Part(s) of Body Injured _____
4. Date of This Request _____ - _____ - _____
5. Date of Hire _____ - _____ - _____
6. Date of Birth _____ - _____ - _____

Docket Number

DISPUTED CLAIM FOR COMPENSATION

7. This claim is submitted by:

- Employee Employer Insurer Dependent Health Care Provider LDOL Other

GENERAL INFORMATION

Claimant files this dispute with the Office of Workers' Compensation. This Office must be notified immediately in writing of changes in address. An employee may be represented by an attorney, but it is not required.

EMPLOYEE

EMPLOYEE'S ATTORNEY

8. Name _____
Street or Box _____
City _____
State _____ Zip _____
Phone () _____

9. Name _____
Street or Box _____
City _____
State _____ Zip _____
Phone () _____

EMPLOYER

**INSURER/ADMINISTRATOR
(circle one)**

10. Name _____
Attn: _____
Street or Box _____
City _____
State _____ Zip _____
Phone () _____

11. Name _____
Attn: _____
Street or Box _____
City _____
State _____ Zip _____
Phone () _____

Mail To:
LOCAL DISTRICT OFFICE
OR
OFFICE OF WORKERS' COMPENSATION
POST OFFICE BOX 94040
BATON ROUGE, LA 70804-9040
For information call (225) 342-7565
or Toll Free (800) 201-3457

1. Social Security No. _____ - _____ - _____
2. Date of Injury/Illness _____ - _____ - _____
3. Part(s) of Body Injured _____
4. Date of This Request _____ - _____ - _____
5. Date of Hire _____ - _____ - _____
6. Date of Birth _____ - _____ - _____

Docket Number

DISPUTED CLAIM FOR COMPENSATION

7. This claim is submitted by:

- Employee Employer Insurer Dependent Health Care Provider

LABOR AND EMPLOYMENT

GENERAL INFORMATION

Claimant files this dispute with the Office of Workers' Compensation. This Office must be notified immediately in writing of changes in address. An employee may be represented by an attorney, but it is not required.

EMPLOYEE

8. Name _____
Street or Box _____
City _____
State _____ Zip _____
Phone () _____

EMPLOYEE'S ATTORNEY

9. Name _____
Street or Box _____
City _____
State _____ Zip _____
Phone () _____

EMPLOYER

10. Name _____
Attn: _____
Street or Box _____
City _____
State _____ Zip _____
Phone () _____

INSURER/ADMINISTRATOR
(circle one)

11. Name _____
Attn: _____
Street or Box _____
City _____
State _____ Zip _____
Phone () _____

(C) THE BONA-FIDE DISPUTE

Check the following that apply and fill in the blanks:

- 1. No wage benefits have been paid
2. No medical treatment has been authorized
3. Occupational Disease
4. Workers' Compensation Rate is Incorrect - Should be \$
5. Wage benefits terminated or reduced on / /
6. Medical treatment (Procedure/Prescription)
recommended by _____ not authorized.
7. Choice of physician (specialty)
8. Disability status
9. Vocational Rehabilitation - specify
10. Offset/Credit
11. Refusal to authorize/submit to evaluation with choice of physician/Independent Medical Examination [L. R. S. 23:1121, 1124(B), or 1317.1(F)
12. Other:

NOTE: You may attach a letter or petition with additional information with this disputed claim or when later amending this disputed claim (Form LDOL-WC-1008). You must provide a copy of this claim and any amendment to all opposing parties.

The information given above is true and correct to the best of my knowledge and belief.

SIGNATURE OF CLAIMANT/ATTORNEY
(circle one)

DATE

Title 40, Part I

EMPLOYER/INSURER'S ATTORNEY
(circle one)

DEPENDENT/HCP/OTHER
(circle one)

12. Name _____
Attn: _____
Street or Box _____
City _____
State _____ Zip _____
Phone () _____

13. Name _____
Relationship _____
Street or Box _____
City _____
State _____ Zip _____
Phone () _____

14. EMPLOYMENT DATA

Occupation: _____
Average Weekly Wage \$ _____ Workers' Compensation Rate \$ _____

15. TO BE COMPLETED BY INJURED EMPLOYEE OR DEPENDENT:

(A) ACCIDENT DATA

Date, time and place of accident: _____

Parish of Residence at time of Injury/Illness _____

Accident reported on ____ / ____ / ____, to _____ whose position with the employer is _____

Describe the accident and injury in detail (person/equipment involved, type of injury, etc.) _____

List the names, addresses, telephone numbers of any witnesses.

(B) MEDICAL DATA

State the names, addresses, and telephone numbers of hospitals, clinics and doctors who have provided medical attention.

(C) THE BONA-FIDE DISPUTE

Check the following that apply and fill in the blanks:

- 1. No wage benefits have been paid
- 2. No medical treatment has been authorized
- 3. Occupational Disease
- 4. Workers' Compensation Rate is Incorrect - Should be \$ _____
- 5. Wage benefits terminated or reduced on ____ / ____ / ____
- 6. Medical treatment (Procedure/Prescription) _____ recommended by _____ not authorized.
- 7. Choice of physician (specialty) _____
- 8. Disability status _____
- 9. Vocational Rehabilitation - specify _____
- 10. Offset/Credit _____
- 11. Refusal to authorize/submit to evaluation with choice of physician/Independent Medical Examination [R.S. 23:1121, 1124.B, or 1317.1.F]
- 12. Other: _____

NOTE: You may attach a letter or petition with additional information with this disputed claim or when later amending this disputed claim (Form LDOL-WC-1008). You must provide a copy of this claim and any amendment to all opposing parties.

The information given above is true and correct to the best of my knowledge and belief.

SIGNATURE OF CLAIMANT/ATTORNEY
(circle one)

DATE

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:297 (February 1999).

LABOR AND EMPLOYMENT

§6651. Request for Compromise and Lump Sum Settlement; Form LDOL-WC-1011

RETURN TO:
OFFICE OF WORKERS' COMPENSATION
POST OFFICE BOX 94040
BATON ROUGE, LA 70804-9040
(225) 342-7565
TOLL FREE (800) 201-3457

- 1. Social Security No.
2. Date of Injury/Illness
3. Part(s) of Body Injured
4. OWC Docket Number
5. OWC District Number

REQUEST FOR COMPROMISE OR LUMP SUM SETTLEMENT

DATE OF APPROVAL

JUDGE

EMPLOYEE

- 6. Name
Street or Box
City
State Zip
Phone

EMPLOYER

- 8. Name
Street or Box
City
State Zip
Phone

EMPLOYER/INSURER'S ATTORNEY

(circle one)

EMPLOYEE'S ATTORNEY

- 7. Name
Street or Box
City
State Zip
Phone

INSURER/ADMINISTRATOR

(circle one)

- 9. Name
Street or Box
City
State Zip
Phone

- 10. Name
Street or Box
City
State Zip
Phone

11. DATE OF SETTLEMENT CONFERENCE

12. TERMS AND AMOUNT OF SETTLEMENT:

- 13. BENEFITS PAID TO DATE:
a.) AVERAGE WEEKLY WAGE:
b.) WORKERS' COMPENSATION BENEFITS:
c.) MEDICAL BENEFITS:
d.) DEATH BENEFITS:

14. ATTORNEY FEES PAID TO DATE:

15. ADDITIONAL FEES REQUIRED:

ATTACHMENTS REQUIRED:

- JOINT PETITION MOST RECENT MEDICAL REPORT
FORM 1007 ATTACHED OR ON FILE WAIVER OF RIGHTS UNDER L.R.S. 23:1271
FORM 1003 ATTACHED OR ON FILE FILING FEE PAID
EMPLOYEE AFFIDAVIT ORDER OF APPROVAL
EMPLOYER CONCURRENCE MOTION AND ORDER FOR ATTORNEY FEES
ALLEGATION OF LEGAL REPRESENTATION MOTION AND ORDER TO DISMISS 1008

(IF APPLICABLE)

SUBMITTED BY:

PHONE: ()

NOTE: *Note from the Office of the State Register: The backside of Form LDOL-WC-1011, Request for Compromise or Lump Sum Settlement, was not included on the disk. This form will need to be scanned or obtained from the agency.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:299 (February 1999).

**§6653. Request for Independent Medical Examination;
Form LDOL-WC-1015**

RETURN TO:
OFFICE OF WORKERS' COMPENSATION
POST OFFICE BOX 94040
BATON ROUGE, LA 70804-9040
(225) 342-7559
TOLL FREE (800) 201-2494

1. Social Security No. _____ - _____ - _____
2. Date of Injury/Illness _____ - _____ - _____
3. Part(s) of Body Injured _____
4. Date of Birth _____ - _____ - _____
5. OWC Docket Number _____
6. OWC District Number _____

REQUEST FOR INDEPENDENT MEDICAL EXAMINATION

NOTE: THIS REQUEST WILL NOT BE HONORED
UNLESS A DISPUTE HAS ARISEN AS TO
CONDITION OF THE EMPLOYEE AS PER L. R. S. 23:1123

7. This form is submitted by:

- Employee Employer Insurer TPA/Self Insurance Fund

- A. The choice of the medical practitioner shall be that of the Director of the Office of Workers' Compensation as per L. R. S. 23:1123.
- B. A cover letter outlining the conflicting medical issue(s) in dispute (reason for request) along with the conflicting medical reports must be attached to this form.
- C. A list of names, addresses, phone numbers and reports of all physicians/medical providers who have treated or examined the injured employee for this injury must be included. Indicate who chose each health care provider.
- D. A copy of this request must be mailed to all parties.

EMPLOYEE

EMPLOYEE'S ATTORNEY

8. Name _____
 Street or Box _____
 City _____
 State _____ Zip _____
 Phone () _____

9. Name _____
 Street or Box _____
 City _____
 State _____ Zip _____
 Phone () _____

EMPLOYER

**INSURER / ADMINISTRATOR
(circle one)**

10. Name _____
 Street or Box _____
 City _____
 State _____ Zip _____
 Phone () _____

11. Name _____
 Street or Box _____
 City _____
 State _____ Zip _____
 Phone () _____

**EMPLOYER / INSURER'S ATTORNEY
(circle one)**

12. Name _____
 Street or Box _____
 City _____
 State _____ Zip _____
 Phone () _____

Signature of Applicant

Date

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:301 (February 1999).

LABOR AND EMPLOYMENT

§6655. Employer's Report of Occupational Injury and Illness Quarterly Summary; Form LDOL-WC-1017A

EMPLOYEE'S QUARTERLY REPORT OF EARNINGS	
<p>You must submit this Report to your workers' compensation insurer within 14 days. Your workers' compensation benefits may be suspended if you do not timely submit this Report. You would be entitled to all suspended benefits after this report is provided to your Insurer, if you are otherwise eligible for benefits.</p> <p>You do not have to file this report if you have timely filed all necessary LDOL-WC-1020 Forms, or if you have only received medical benefits.</p>	
<p>DO NOT leave any blanks on this Report. Print or type all responses, and use N/A (not applicable) or -0- (zero) where appropriate.</p>	
1.	The information in this Report is true for the period beginning _____, 20 ____ and ending _____, 20 ____.
2.	The name and address of the employer that I am receiving benefits from is: _____
3.	Did you work for this employer in the past quarter? _____ If yes, how much were your gross wages? \$ _____
4.	Did you work for any other employer in the past quarter? _____ If yes, the name and address of the employer is _____ _____ If yes, how much were your gross wages? \$ _____
5.	Did you have any earnings through self employment in the past quarter? _____ If yes, how much? \$ _____
6.	Did you receive any unemployment compensation benefits in the past quarter? _____ If yes, how much? \$ _____
7.	I received \$ _____ in old age benefits under Title II of the Social Security Act.
8.	I received \$ _____ in Social Security Disability Benefits or other disability benefits.

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:302 (February 1999).

§6657. Employee's Monthly Report of Earnings; Form LDOL-WC-1020

EMPLOYEE CERTIFICATION			
<p>I certify that I can read the English language, that I have this entire document and understand its contents, and that I understand I am held responsible for this information. I certify my answers are complete and true, and certify my compliance with the Louisiana Workers' Compensation Act.</p>			
_____	_____	_____	
PRINT NAME	SIGNATURE	SOCIAL SECURITY NUMBER	
_____	_____	() _____	_____
ADDRESS	CITY	STATE / ZIP	PHONE NUMBER
_____	_____	_____	_____
EMPLOYER NAME			DATE

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:304 (February 1999).

§6659. Employee and Employer Certificate of Compliance; Form LDOL-WC-1025

EMPLOYEE

CERTIFICATE OF COMPLIANCE

You must submit this form to your employer's workers' compensation insurer or to your employer within 14 days of its receipt. Your workers' compensation **benefits may be suspended if you do not timely submit this Certification.** You would be entitled to all suspended benefits after this Certification is provided to your insurer, if you are otherwise eligible for benefits.

It is unlawful for you to work and receive workers' compensation indemnity disability, except for supplemental earnings benefits. Supplemental earnings benefits are paid when an employee is able to work, but is unable to earn 90 percent or more of his pre-injury wages as a result of a job related accident. As an injured worker, you must notify your employer or insurer of the earning of any wages, changes in employment or medical status, receipt of unemployment benefits, receipt of Social Security benefits and receipt of retirement benefits. If you receive benefits for more than 30 days, you will be required to certify your earnings to your insurer quarterly.

It is unlawful for you to receive workers' compensation indemnity disability benefits and unemployment benefits at the same time, except for permanent partial disability benefits. Permanent partial disability benefits are paid solely for amputation or for anatomical loss of use of a body part or function. If you violate this provision, you may be fined up to \$10,000, imprisoned up to 90 days, or both.

It is unlawful for you to willfully make, or to assist or counsel someone else to make, a false statement or representation in order to obtain or to defeat workers' compensation benefits. If you violate this provision, you may be fined, imprisoned, or both, as follows:

<u>Unlawful Benefits</u>	<u>Fine</u>	<u>Imprisonment</u>
\$10,000 or more	up to \$10,000	up to 10 years, with or without hard labor
\$2,500 or more but less than \$10,000	up to \$ 5,000	up to 5 years, with or without hard labor
less than \$2,500	up to \$500	up to 6 months

In addition to these criminal penalties, you may be assessed a civil penalty of up to \$5,000 and may forfeit your right to receive workers' compensation benefits.

EMPLOYEE CERTIFICATION

I certify that I can read the English language, that I have read this entire document and understand its contents, and that I understand I am held responsible for this information. I certify my compliance with the Louisiana Workers' Compensation Act.

Print Name _____	Signature _____	Social Security Number _____	Date _____
Address _____	City _____	State / Zip _____	Phone Number _____

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:305 (February 1999).

LABOR AND EMPLOYMENT

**§6661. Employee's Quarterly Report of Earnings; Form
LDOL-WC-1026**

EMPLOYEE'S QUARTERLY REPORT OF EARNINGS		
<p>You must submit this Report to your workers' compensation insurer within 14 days. Your workers' compensation benefits may be suspended if you do not timely submit this Report. You would be entitled to all suspended benefits after this report is provided to your Insurer, if you are otherwise eligible for benefits.</p> <p>You do not have to file this report if you have timely filed all necessary LDOL-WC-1020 Forms, or if you have only received medical benefits.</p>		
<p>DO NOT leave any blanks on this Report. Print or type all responses, and use N/A (not applicable) or -0- (zero) where appropriate.</p>		
1.	The information in this Report is true for the period beginning _____, 19 ____ and ending _____, 19 ____	
2.	The name and address of the employer that I am receiving benefits from is: _____ _____	
3.	Did you work for this employer in the past quarter? _____ If yes, how much were your gross wages? \$ _____	
4.	Did you work for any other employer in the past quarter? _____ If yes, the name and address of the employer is _____ _____ If yes, how much were your gross wages? \$ _____	
5.	Did you have any earnings through self employment in the past quarter? _____ If yes, how much? \$ _____	
6.	Did you receive any unemployment compensation benefits in the past quarter? _____ If yes, how much? \$ _____	
7.	I received \$ _____ in old age benefits under Title II of the Social Security Act.	
8.	I received \$ _____ in Social Security Disability Benefits or other disability benefits.	
EMPLOYEE CERTIFICATION		
<p>I certify that I can read the English language, that I have this entire document and understand its contents, and that I understand I am held responsible for this information. I certify my answers are complete and true, and certify my compliance with the Louisiana Workers' Compensation Act.</p>		
_____ PRINT NAME	_____ SIGNATURE	_____ SOCIAL SECURITY NUMBER
_____ ADDRESS	_____ CITY	_____ STATE / ZIP
_____ EMPLOYER NAME	_____ PHONE NUMBER () _____	_____ DATE

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 25:307 (February 1999).

§6662. Attorney Fee Notice of Lien; Form LDOL-WC-1027

Attached hereto and designated as "Attachment Number 16."

DOCKET NO.: _____

CLAIMANT: _____

REPRESENTATIVES: _____

EMPLOYER: _____

NOTICE OF LIEN

Pursuant to Section 5547(B) of the hearing rules of the Office of Workers' Compensation Administration, _____ serves notice upon this Honorable Court and all parties to the above entitled claim that (he/she/it) represented the claimant from (date) to (date) and hereby asserts a lien on the proceeds of the claim for unpaid attorney fees.

Respectfully submitted,

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:1873 (October 1999).

§6663. Scheduling Order; Form LDOL-WC-1028

Attached hereto and designated as "Attachment Number 17."

CLAIMANT DOCKET NUMBER:
VERSUS OFFICE OF WORKERS' COMPENSATION
EMPLOYER DISTRICT __ - _____
STATE OF LOUISIANA
SCHEDULING ORDER

On _____, a scheduling conference was held pursuant to Section 6001 of the hearing rules of the Office of Workers' Compensation Administration.

PRESENT:

_____ representing _____
_____ representing _____
_____ representing _____

IT IS ORDERED:

- 1. Amendment to pleadings:
- 2. Discovery anticipated by the parties:
- 3. All amendments to pleadings are to be filed by _____
- 4. The cut-off date for discovery is _____
- 5. All pre-trial motions are to be filed by _____
- 6. The pre-trial conference is scheduled on _____ at _____ M
- 7. The pre-trial mediation will be held on _____
- 8. Trial is scheduled for _____

IT IS FURTHER ORDERED that a pre-trial statement shall be filed ten days prior to the pre-trial conference. The attorneys who will try the case shall participate in the pre-trial conference unless prior to the conference the Judge grants permission for other representatives to attend. Whoever participates in the conference must be familiar with the case and have authority to discuss the possibilities of settlement and stipulations.

_____, **LOUISIANA, THIS** ____ **DAY OF**
_____, 20__

Judge

Office of Workers' Compensation

District _____

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Louisiana Department of Labor, Office of Workers' Compensation Administration, LR 25:1873 (October 1999).

§6664. Choice of Physician; Form LDOL-WC-1121

Notice to Injured Workers

You have the right to choose your own doctor!

When you are injured at work or become sick because of something that happened at work, the law gives you the right to choose your own doctor in any field or specialty of medicine for medical treatment.

The law also allows your employer to have you see his/her doctor, but you do not have to agree to continue treatment with your employer's doctor unless that is what you want.

If you want your employer's doctor to continue treating you after your first visit with him/her, and after receiving this form, you may choose your employer's doctor as your treating doctor.

Once you choose either your employer's doctor or your own doctor as your treating doctor, you may not be permitted to choose another doctor in that same field or specialty to treat you for your injury or illness later on. However, you are not required to get your employer's approval to change to a doctor in another field or specialty of medicine [R.S. 23:1121(b)(1)].

If your employer denies your right to choose your doctor, you have a right to a speedy hearing before a workers' compensation judge to resolve the denial of your right [R.S. 23:1121(b)(1) and 1124(b)].

I hereby choose my own doctor to treat me for my injury or illness:

Dr. _____

or

By signing this form, I state that I know about my right to choose my own treating doctor, and being so advised, I hereby accept and choose to continue treating with my employer's doctor:

Dr. _____

Date Signature of Employee Printed Name of Employee

Date Signature of Employee Printed Name of Employee

(Note: If the employee is illiterate or has a language barrier, an authorized representative of the employer/insurer shall attest by their signature that this form and right of physician choice has been reasonably explained to that employee prior to his/her signature on this form. Failure to do so can jeopardize the employer's/insurer's right to subsequently refuse consent to the employee's request for treatment by a different physician within the same field or specialty.)

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1.

HISTORICAL NOTE: Promulgated by the Department of Labor, Office of Workers' Compensation Administration, LR 30:2067 (September 2004).

**§6665. Workers' Compensation Records
Request Form; LWC-WC-1150**

WORKERS' COMPENSATION RECORDS REQUEST FORM

Mail completed form to:

Louisiana Workforce Commission
OWCA Records Management Section
1001 N. 23rd Street
P.O Box 94040
Baton Rouge, LA 70804-9040
Telephone No.: 225-342-7565

Status of your records request: (Office use only.)

- Will be processed.
- Is being returned. *See Section III, Page 2.*
- Has been processed. You owe a copying fee, *See Section III, Page 2.*
- Is complete. *See Section III, Page 2.*

Note: Copies of documents provided through this request shall adhere to the provisions of La. R.S. 23:1020.1, *et seq.* and La. R.S. 44:1, *et seq.*, which limits the inspection and copying of workers' compensation records. ***A \$25.00 fee is required per employee search. (Exception: Requests for LWC-WC-1002 will NOT be assessed a \$25.00 search fee.) Copying fees are \$0.25 per page.** Make all checks payable to the **OWCA Administrative Fund.**

SECTION I: TO BE COMPLETED BY REQUESTOR

1. Select all that apply:

- I am the Employee **OR** Legal Representative of the Employee. (*Attach letter of representation.*)
- I am the Employer/Insurer **OR** Legal Representative of the Employer/Insurer. (*Attach letter of representation.*)
- I am **NOT** a party to a workers' compensation claim. (*Attach employee authorization, LWC-WC- 1051.*)
- I am a Prospective Employer. (*Attach employee authorization, LWC-WC- 1051.*)

2. Name of Requestor (Please Print)	3. Phone Number
4. Company Name (If Applicable)	5. Fax Number
6. Address, City, State ZIP	7. Email

SECTION II: RECORDS REQUESTED

1. Employee's Name (<i>Please use a separate form for each employee.</i>)	2. Employee's Social Security Number
<p>3. Identify the workers' compensation claim you are requesting:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Workers' Compensation Claim Docket # _____ Date of Injury _____ <input type="checkbox"/> ALL cases for this injured worker. - If known, list the Docket # and Date of Injury for each claim in the <u>Additional Comments Section</u>, see right. <i>You will be assessed a \$25.00 search fee for each workers' compensation docket number.</i> 	Additional Comments:

4. Additional records I am requesting:

Notice Of Payment, Modification, Suspension, Termination or Controversion of Compensation or Medical Benefits (LWC-WC-1002).

*Only available to Employee or Employee Representative per La. R.S. 23:1201.1. *You will **NOT** be assessed a \$25.00 search fee for this records request.*

Other documents requested. *Please specify in the Additional Comments section.*

5. Need records certified? (If certified, you will be assessed \$25.00.)

Yes No

I have read and understand this form and the accompanying instructions. I certify that all information provided by me to the Office of Workers' Compensation Administration is accurate and correct to the best of my knowledge. I understand that providing false or misleading information may subject me to prosecution.

Signature of Requestor _____

Date _____

SECTION III: TO BE COMPLETED BY OWCA RECORDS MANAGEMENT SECTION

1. This records request will NOT be processed due to the following:

- \$25.00 Search fee not received.
- No Social Security Number/incomplete number.
- Employee Authorization form required.
- Incomplete information. Please provide: _____
*Your request will **NOT** be processed until the information is provided.

2. Your request has been processed.

_____ Pages of responsive records have been found. Please submit a check in the amount of \$_____ to the OWCA Administrative Fund. ***No** records will be sent until the check is received by the OWCA.

Your request has produced more than one employee claim. _____ claims have been found. Please submit a check in the amount of \$_____ to the OWCA Administrative Fund. ***No** records will be sent until the check is received by the OWCA.

3. Your request is complete. The records search has: No Records Found See Attached records.

Records request completed by _____

Date: _____

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1 and R.S. 23:1293.

HISTORICAL NOTE: Promulgated by the Workforce Commission, Office of Workers' Compensation Administration, LR 44:103 (January 2018).

**§6667. Employee Authorization for OWCA to Release
Confidential Workers' Compensation Records; LWC-WC-1150**

**EMPLOYEE AUTHORIZATION FOR OWCA TO RELEASE
CONFIDENTIAL WORKERS' COMPENSATION RECORDS**

EMPLOYEE: Please be aware that you **DO NOT** have to release all of your confidential information and you have a right to refuse to sign this document. You can choose to release only your public records, which includes: any final decision, award, or order of a workers' compensation judge. However, if you choose to release all of your confidential workers' compensation information, you **MUST** authorize the Office of Workers' Compensation Administration to release your confidential records information to anyone not a party to your workers' compensation claim. ***This release must be attached to the Employee Workers' Compensation Records Request Form.**

SECTION I: TO BE COMPLETED BY EMPLOYEE	
1. Employee's Full Name (Please Print)	2. Social Security Number
3. Street Address	4. Date of Birth
5. City, State, Zip	6. Phone Number
<p>7. What records do you want to release?</p> <p><input type="checkbox"/> Only my workers' compensation claim(s) information that is considered <u>public record</u> under La. R.S. 23:1293(B)(1) which only includes: final decision(s), award(s), or order(s) of a workers' compensation judge.</p> <p style="text-align: center;"><u>OR</u></p> <p><input type="checkbox"/> Any and all of my workers' compensation claim(s) information, including confidential information, medical records, wage information, etc. in the possession of the Office of Workers' Compensation Administration, Records Management.</p>	

I understand that the Louisiana Workers' Compensation Act, La. R.S. 23:1020.1, *et seq.*, provides that certain information regarding prior work related injuries may be released to a requesting party. By signing this authorization, I hereby voluntarily authorize the State of Louisiana, Office of Workers' Compensation Administration, Records Management Section to release only the information selected above in Section I and contained in my workers' compensation records, if any, to the Recipient named in Section II. This release may contain public and non-public records in my workers' compensation file(s) depending on my selection in Section I. This release is only for the recipient named in Section II and shall not be released to any third parties or any party not specifically named on this authorization.

This authorization will expire thirty (30) days from the date of signature.

Employee's Signature _____ **Date** _____

SECTION II: RECORDS TO BE DISCLOSED TO	
1. Name of Recipient (Please Print)	2. Company Name (if applicable)
3. Street Address	4. Phone Number

LABOR AND EMPLOYMENT

5. City, State, Zip	6. Please state Recipient's relationship to the employee: *See Section III, Page 2.
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SECTION III: IF THE RECIPIENT IS A PROSPECTIVE EMPLOYER**

You must certify and sign the following:

I hereby certify the information sought by this authorization is made on an applicant for employment only after a conditional job offer has been made and accepted, or on a current employee for a purpose which is job related and consistent with business necessity. I further certify the information obtained in the authorization will **NOT** be used to discriminate in any manner against the individual who is the subject of this authorization on any basis, in violation of the Americans with Disabilities Act of 1990, 42 U.S.C. §12101, *et seq.*, or any other state or federal law, as applicable.

I am aware of the confidential and privileged nature of an employee's Workers' Compensation records, pursuant to La. R.S. 23: 1293.

Employer's Signature _____

Date _____

****MUST BE NOTARIZED PRIOR TO RECORDS REQUEST**

Sworn and subscribed before me this _____ day of _____, 20____ at _____, Louisiana.

 Notary Public's Signature
 Print Name: _____
 Notary ID: _____
 My commission expires: _____

AUTHORITY NOTE: Promulgated in accordance with R.S. 23:1310.1 and R.S. 23:1293.

HISTORICAL NOTE: Promulgated by the Workforce Commission, Office of Workers' Compensation Administration, LR 44:105 (January 2018).