



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS  
 DIVISION OF WORKERS' COMPENSATION  
 P.O. Box 58  
 Jefferson City, MO 65102-0058  
[labor.mo.gov/DWC](http://labor.mo.gov/DWC)

**1. INJURY NUMBER**

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**REQUEST FOR PRE-HEARING**

Note: This form must be completed in its entirety and must be typed or hand printed in black ink.

**Please submit this form to the appropriate adjudication office.**

3. Employee		4. Address of Employee		2. Date of Injury	
6. Attorney for Employee		7. Address of Employee's Attorney Email Address: _____		5. Case Venue	
9. Attorney for Employer/Insurer		10. Address of Employer/Insurer Attorney Email Address: _____		8. Second Injury Fund Involved <input type="checkbox"/> Yes <input type="checkbox"/> No	
12. Insurance Company and/or Third Party Administrator		13. Address of Insurance Company or Third Party Administrator, if known		11. Name of Second Injury Fund Attorney	
14. Party Requesting the Pre-Hearing					
15. Please briefly state your reason(s) for requesting the pre-hearing: _____ _____ _____ _____					

**CERTIFICATE OF SERVICE**

I, the undersigned, certify that a copy of this request has been mailed or hand-delivered to all attorneys and/or parties of record on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Attorney's signature \_\_\_\_\_ Bar Number \_\_\_\_\_ Date \_\_\_\_\_

Attorney's Name (Printed) \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

An administrative law judge cannot act as an attorney for any party or give any specific legal advice to any party regarding the case. An administrative law judge shall approve a settlement agreement as long as:

- The settlement is not the result of undue influence or fraud;
- The employee fully understands his or her rights and benefits;
- The employee voluntarily agrees to accept the terms of the agreement; and
- The settlement is in accordance with the rights of the parties.

DIVISION USE ONLY

**COMPLETED BY DIVISION OF WORKERS' COMPENSATION**

Approved \_\_\_\_\_

Date \_\_\_\_\_

Please visit our website at [labor.mo.gov/DWC](http://labor.mo.gov/DWC) if you have any questions about your rights or benefits under the Workers' Compensation Law. Keep a copy for your records.

Missouri Division of Workers' Compensation is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD/TTY: 800-735-2966 Relay Missouri: 711

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