



Jurisdiction Claim Number (JCN)

Date of Injury

*You must have an Award previously entered to qualify for an Expedited Hearing.*

### Injured Worker Information

Name			Name of Employer		
Address			Address		
City	State	Zip Code	City	State	Zip Code
Primary Phone			Employer's Phone		

### Dependent Information

Name of Spouse	Spouse's Employment Status
Names and Ages of Dependents	
Available assets you have (including bank accounts and Social Security Disability)	
SPECIFIC BENEFITS SOUGHT: Total wage loss for the following period: _____	
Partial wage loss for the following period: _____	
Other: _____	

### Request for Expedited Hearing

<p><b>I need an expedited hearing because of:</b></p> <input type="checkbox"/> Car Repossession. <input type="checkbox"/> Eviction. <input type="checkbox"/> Foreclosure. <input type="checkbox"/> Urgent Need for Medical Treatment. <input type="checkbox"/> Other: _____ _____ _____	<p><b>I am attaching the required* evidence:</b></p> <input type="checkbox"/> Car Repossession Notice. <input type="checkbox"/> Eviction Notice. <input type="checkbox"/> Foreclosure Notice. <input type="checkbox"/> Doctor's Note Stating Medical Emergency. <input type="checkbox"/> Other: _____ _____ _____
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**\*YOUR APPLICATION WILL BE REJECTED WITHOUT THE REQUIRED ATTACHMENTS.**

I hereby file this application to request an expedited hearing. I understand this application cannot be processed without all of the information requested, including the required attachments.

SIGNATURE (Required)

PRINT

DATE



### EXPEDITED HEARING REQUEST

The Commission processes all cases as quickly as possible, but certain circumstances may grant an expedited hearing **only** where an Award already has been entered by the Commission in favor of the injured worker. The Commission decides whether to grant an expedited hearing on a case-by-case basis.

You may be granted an expedited hearing if you establish **each** of the following:



1. You had an Award of compensation benefits that was suspended because the employer/insurer filed an Employer's Application for Hearing, or you have asked the employer/insurer for additional wage loss benefits **or** medical treatment, and your request has been denied; **and**



2. That failure by the Commission to grant an expedited hearing will cause you to suffer severe economic hardship\* through loss of income or by incurring medical expenses.

### \*SEVERE ECONOMIC HARDSHIP

If you will suffer immediate and severe economic hardship because **wage loss benefits were stopped or denied**:

- Submit a list of all sources of income available to you, such as other wages, disability payments, investments, spousal wages, or other types of family support.
- Submit the names and ages of dependents, if any, that you must support.
- Submit documentation showing any imminent or threatened foreclosure or eviction actions due to your inability to pay for housing.
- Submit documentation showing any imminent or threatened repossession of personal vehicles that are necessary for continued employment or for medical treatment visits.
- Submit any other documentation showing that your immediate ability to provide food, clothing and shelter will be threatened without an expedited hearing.

In exceptional cases, the Commission may grant an expedited hearing to decide whether the employer/insurer is responsible for **emergency medical treatment** recommended by your physician, **but denied**:

- Submit a doctor's statement that the medical procedure is necessary as an emergency, and failure to have it will result in immediate and severe deterioration of your physical or mental condition.

The Commission may also grant an expedited hearing where the employer/insurer denies responsibility for **medical expenses you have already incurred**, and you establish that further treatment will be withheld if payment is not made and discontinuation of treatment will **threaten your life** or result in **immediate and severe deterioration of your physical or mental condition**:

- Submit a statement demonstrating the cost of these medical expenses, and a declaration of your inability to pay for them.



### PROCEDURE

If your Request for Expedited Hearing application is completed and is supported by appropriate evidence, as indicated above, it will be referred for further processing. The employer/insurer will be advised of your Request, and will be allowed to respond. The parties will then be contacted to arrange an informal conference to discuss and focus the issues, address the parties' pre-hearing concerns and determine whether the factual and legal issues of the dispute are appropriate for an expedited proceeding. The Commission will decide to grant an expedited hearing during the conference, or in writing within seven (7) days thereafter. If granted, you will receive a hearing no less than ten (10) days, nor more than twenty-eight (28) days after the hearing is granted.

**If you believe you qualify for an expedited hearing, (1) fill out this form completely; (2) attach information supporting your request; and (3) send to:**

Expedited Hearing  
Virginia Workers' Compensation Commission