Application for Resolution of a Claim – Interlocutory Relief
October 2016 Edition

Filed:

KENTUCKY DEPARTMENT OF WORKERS' CLAIMS

Application for Resolution of a Claim – Interlocutory Relief

Claim No. _____

_____	vs.	_____
Plaintiff		Defendant/Employer (Business Name)
_____		_____
Social Security Number/ Green Card		Defendant/ Employer Mailing Address
_____		_____
Birth Date Gender		City/State/Postal Code
_____		_____
Plaintiff Mailing Address		Insurance Carrier
_____		_____
City/State/Postal Code		Insurance Carrier Mailing Address
☐ Outside United States		_____
		City/State/Postal Code
_____		
Country		
_____		
Plaintiff's Phone Number		
_____		
Occupation		

Additional Defendants

_____	_____
Additional Defendant	Additional Defendant
_____	_____
Mailing Address	Mailing Address
_____	_____
City/State/Postal Code	City/State/Postal Code
Reason for Joinder:	Reason for Joinder:
_____	_____
_____	_____

I. Nature of Injury

1. Date and location of accident/injury:

Date of Injury	Location of Injury (City/State/Postal Code)

☐ Plaintiff states that he/she was injured within the scope and course of employment with defendant employer on the above date at the above location.

2. Describe how the accident/injury occurred:

Cause of Injury: _____

3. Body part injured: _____

4. When and by what means did the plaintiff give notice of injury to the employer?

The plaintiff/employee seeks interlocutory relief for the following **(check all that apply):**

☐ Payment of medical expenses while the claim is pending.

Required attachment: Affidavit establishing that the requesting party is eligible for income benefits under KRS Chapter 342, and that irreparable injury, loss or damage will result if interlocutory relief of medical expenses is not granted.

☐ Payment of temporary total income benefits while the claim is pending.

Required attachment: Affidavit establishing that the requesting party is eligible for income benefits under KRS Chapter 342, and that irreparable injury, loss or damage will result if interlocutory relief of temporary total income benefits is not granted.

☐ Vocational rehabilitation evaluation and services.

Required attachment: Affidavit showing immediate provision of rehabilitation services will substantially increase the probability that the plaintiff/employee will return to work.

In support of this application, the following additional documents are attached **(check all that apply):**

☐ Medical report or reports of Doctor(s) supporting entitlement of benefits.

_____
DOCTOR'S NAME

☐ An affidavit of plaintiff/employee establishing the grounds for which a finding of fact would reasonably believe all essential elements of a workers' compensation claim have been established.

☐ A statement of the grounds for which the plaintiff/employee believes he/she has a likelihood of success in the ultimate claim and an understanding that in the event awarded benefits exceed what plaintiff/employee is found ultimately entitled, credit will be given against both past due and future benefits.

Attestations:

☐ I understand that any person who knowingly and with intent to defraud any insurance company or other person files a statement or claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

By entering your name below, you are confirming the accuracy of this form to the best of your knowledge.

Based upon the foregoing, _____ moves for the appropriate relief.

Respectfully submitted,

_____
Plaintiff/Employee's or Attorney's Signature

_____
Plaintiff/Employee's or Attorney's Street Address

_____
Plaintiff/Employee's or Attorney's City/State/Postal Code

_____
Plaintiff/Employee's or Attorney's Phone Number

_____
Plaintiff/Employee's or Attorney's Email Address

Certificate of Service

I certify the original of the foregoing document was filed with the Department of Workers' Claims, 500 Mero Street, 3rd Floor, Frankfort, Kentucky 40601 by either U.S. Mail or electronically through the Department of Workers' Claims Litigation Management System and copies served on the persons or entities given below: