

WC-24 ENFORCEMENT DIVISION REQUEST FOR HEARING OR TRIAL DIVISION OF INTERVENTION
GEORGIA STATE BOARD OF WORKERS' COMPENSATION

ENFORCEMENT DIVISION
REQUEST FOR HEARING OR TRIAL DIVISION OF INTERVENTION

Board Claim No.	Name of Employee (if applicable)	Case No. or SSN	Date of Injury (If applicable)
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A. IDENTIFYING INFORMATION

COMPLAINANT County of Case	Name State Board of Workers' Compensation Enforcement Division 270 Peachtree Street, N.W. Atlanta, Georgia 30303-1299	Assigned Division Attorney	
		County of Injury	Attorney Phone

RESPONDENT Address	Name	RESPONDENT'S REGISTERED AGENT Address	Name	
	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporate Officer <input type="checkbox"/> Registered Agent <input type="checkbox"/> Partner <input type="checkbox"/> Other (specify):		City	State
City				
State	Zip Code			
County	Phone			

B. TYPE OF ACTION REQUESTED
<input type="checkbox"/> Hearing <input type="checkbox"/> Order (Affidavit Attached)

C. ISSUES TO BE DETERMINED ARE AS FOLLOWS

Determination of compliance of the above-named Respondent with the coverage requirements of O.C.G.A. §34-9-121 and/or O.C.G.A. §34-9-126.

Determination of possible civil penalties pursuant to the following code section(s):

- O.C.G.A. §34-9-18(a) Disregard of Board Orders or violation of Board Rules; \$100 - \$1,000 penalty.
- O.C.G.A. §34-9-18(b) Knowingly and intentionally makes any false or misleading statements or representations to facilitate the obtaining or denying of any benefits; \$1,000 - \$10,000 penalty.
- O.C.G.A. §34-9-18(c) Failure to comply with insurance requirements of the workers' compensation law or qualify as a self-insurer; \$500 - \$5,000 penalty.
- Other:

D. BRIEFLY DESCRIBE THE CIRCUMSTANCE SERVING AS THE BASIS OF YOUR REQUEST

(If Requesting an Administrative Order, attach an affidavit)

Action Requested by:	Date

E. CERTIFICATION

I hereby certify that the above is true and correct the best of my knowledge. I have, this day, sent a copy of this to the above-named Respondent, Respondent's Attorney or, to the Registered Agent if incorporated at the address listed above.

Print Name	Signature	Date
GA Bar number	Phone	

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbcw.georgia.gov>
 WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).