Ohio | Industrial Commission

Claim Number:

REQUEST FOR CORRECTED ORDER

This form is to be used to request a correction of a clerical or typographical error contained in an Industrial Commission order. This form is not a substitute for an appeal on a substantive issue.

Injured Worker Information	Employer Information
Name	Name
Address	Address
City, State, Zip	City, State, Zip
Telephone Fax	Telephone Fax
Injured Worker's Representative Information	**Employer's Representative Information**
Rep ID#	Rep ID#
Name	Name
Telephone Fax	Telephone Fax

Correction Requested by:

- ☐ Injured Worker
- ☐ Employer
- ☐ BWC Administrator

Request correction for a hearing held before:

- ☐ District Hearing Officer
- ☐ Staff Hearing Officer
- ☐ Commissioners

Hearing Location _____ (city)

Heard on _____ (mm/dd/yyyy)

Heard by _____

Date Order Received _____ (mm/dd/yyyy)

Please attach a copy of the order you wish to have corrected.

IDENTIFY ERROR: _____

Have you filed an appeal? ☐ Yes ☐ No

Upon issuance of a corrected order, I hereby agree to dismiss said appeal. This does not affect your right to file an appeal to the corrected order. ☐ Yes ☐ No

I hereby certify that I am authorized to represent the and have notified all parties of this request.

- ☐ Injured Worker
- ☐ Employer
- ☐ BWC

_____
Signature of Requesting Party

FOR INDUSTRIAL COMMISSION OF OHIO USE ONLY

Request for correction is: ☐ Granted ☐ Denied ☐ Appeal Dismissed

Explain _____

Hearing Officer _____ Date _____ (mm/dd/yyyy)

Filing Party notified on Date _____ (mm/dd/yyyy) By _____