

STATE OF OKLAHOMA WORKERS' COMPENSATION COURT OF EXISTING CLAIMS
TRIAL / PHC FORM ORDER

In re Claim of:

THIS SPACE FOR COURT USE

Claimant)	Court No.
)	
)	XXX-XX-
Respondent)	Claimant's Social Security #
)	(Last 4 digits)
)	
Insurance Carrier		

(Original Order to Order Department - Certified Copies Mailed to Parties)

ISSUES

1. ___ Claimant/Respondent is ordered to answer Respondent/Claimant's discovery requests within ___ days of this order.
2. ___ is hereby added as a proper party to this claim.*(Additional room below).
3. ___ is not a proper party to this claim of action and is therefore dismissed with /without prejudice. *(Additional room below).
4. ___ Motion for change of venue is GRANTED/DENIED. Future hearings will be docketed in _____, Oklahoma.
5. ___ Motion to consolidate is hereby GRANTED/DENIED. Claim numbers _____ are consolidated for trial purposes only.
6. ___ This claim shall be held in abeyance until further order of the Court.
7. ___ The Order holding this claim in abeyance is hereby lifted.
8. ___ I hereby recuse as the Trial Judge in this claim and order claim to be reassigned.
9. ___ Respondent and insurance carrier shall furnish claimant with vocational rehabilitation as outlined in Option ___ of the _____ vocational evaluation report dated _____.
10. ___ Claimant's request for vocational rehabilitation benefits is DENIED.
11. ___ Respondent shall provide claimant with reasonable and necessary medical treatment to the _____, _____ with Dr. _____.
12. ___ Diagnostic testing as recommended by Dr. _____ is a uthorized.
13. ___ The continuing medical maintenance physician is changed FROM Dr. _____ to Dr. _____.
14. ___ *

**BY ORDER OF _____
 COURT OF EXISTING CLAIMS JUDGE**

DATE:

Print Claimant / Counsel & Bar #	Print Employer-Respondent / Counsel & Bar #
Attorney Phone #	Attorney Phone #

WORKERS' COMPENSATION COURT OF EXISTING CLAIMS • 1915 NORTH STILES STE 127 • OKLAHOMA CITY, OKLAHOMA 73105-4918