

REQUEST FOR EXPEDITED PROCEEDING

STATE OF MAINE

WORKERS' COMPENSATION BOARD

STATION 27, AUGUSTA, MAINE 04333-0027

1. INSURER FILE NUMBER:	6. SOCIAL SECURITY NUMBER	7. WCB FILE NUMBER:		
2. EMPLOYER NAME:	8. EMPLOYEE LAST NAME:	9. FIRST NAME:	10. M.I.:	
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:	11. ADDRESS-NUMBER AND STREET:			
4. INSURER NAME:	12. CITY:	13. STATE:	14. ZIP:	15. HOME PHONE:
5. INSURER MAILING ADDRESS:	16. DATE OF INJURY:	17. DESCRIPTION OF INJURY:		

- 18 A. REQUEST FOR PROVISIONAL ORDER AND EXPEDITED PROCEEDING PURSUANT TO 39-A M.R.S.A. §205(9)(E) AND RULE 1.3.
- B. REQUEST FOR EXPEDITED PROCEEDING PURSUANT TO 39-A M.R.S.A. §315.
- C. REQUEST FOR EXPEDITED PROCEEDING BASED ON EXTREME FINANCIAL HARDSHIP.
EXPLANATION:

ATTACH THIS REQUEST TO THE FRONT OF THE APPROPRIATE PETITION AND SUPPORTING DOCUMENTS.

19. WHEREFORE, I HEREBY REQUEST AN EXPEDITED PROCEEDING.

SIGNATURE OF REQUESTING PARTY

DATE

NAME AND ADDRESS OF ATTORNEY (IF ANY):

REPRESENTING (CHECK ONE):

EMPLOYEE EMPLOYER

ASSISTANCE IS AVAILABLE AT THE BOARD'S REGIONAL OFFICES:

AUGUSTA
24 STONE ST, STE 2
AUGUSTA, ME 04330-5220
287-2308
1-800-400-6854
TTY (877) 832-5525

BANGOR
106 HOGAN RD.
BANGOR, ME 04401-5640
941-4550
1-800-400-6856

CARIBOU
ONE VAUGHN PLACE
43 HATCH DR, STE 110
CARIBOU, ME 04736
498-6428
1-800-400-6855

LEWISTON
36 MOLLISON WAY
LEWISTON, ME 04240-5811
753-7700
1-800-400-6857

PORTLAND
62 ELM ST
PORTLAND, ME 04101-6858
822-0840
1-800-400-6858

IWAH WCB-250 (8-94)

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