



**DIVISION OF WORKERS' COMPENSATION
ADJOURNMENT or READY HOLD FORM**

Fax/Mail/E-Mail to Court Vicinage and All Other Parties*

Today's Date: _____

Vicinage & Fax: _____

E-Mail: _____

If emailing, refer to instructions at bottom of form

Hearing Date: _____ Judge _____ # on Hearing List: _____

Check One: Adjourment Request for _____ cycles Ready Hold for _____ (Time)
(Court Reporter Required Yes No)

CP #: _____ Case Title: _____

*** Use additional pages if there are multiple cases to be adjourned for this Judge's hearing list*

Request by (Name of Attorney & Firm): _____

Counsel for (Check One): Petitioner or Medical Provider Respondent

Telephone Number: _____ FAX Number: _____

Reason for Request (Required):

Petitioner to be examined by *petitioner's* expert Dr. _____ on _____

Petitioner to be examined by *respondent's* expert Dr. _____ on _____

Attorney conflict due to: _____

Petitioner continuing to receive (Authorized / Unauthorized) medical treatment.

Other (Be Specific):

Other Case Parties Notified of this Request:

*In requesting an Adjourment or Ready Hold you are certifying that **all parties** including co-respondents and, when applicable, the Deputy Attorney General and Special Counsel for the Uninsured Employers Fund have also received the request.

Requests are to be made as soon as adjourment or ready hold basis is known. Requests are to be received (if mailed, ensure timely receipt) not less than 24 hours of the scheduled case listing date and time (for Monday lists or Tuesday lists after Monday holiday by 9 am of preceding Friday). Emergent requests (less than 24 hours) require telephone request to judge and parties.

If request is denied, this form will be faxed to your office as indicated below. If denied, you are to notify all parties of the denial.

If Checked, Request is Denied. Denial Reason: _____