

1. A "Continuance Request" should be submitted if you want another hearing and want it rescheduled for a legitimate reason. If you do not want or need another hearing, submit a Cancellation Request, IC 50.
2. The completed form must be filed with the Industrial Commission where the hearing is to be held or with the Regional Hearing Administrator of the Industrial Commission. Facsimile transmission is acceptable.
3. A request for continuance based upon good cause is to be made no later than five calendar days prior to the date of hearing. If less than five days prior to the date of hearing, extraordinary circumstances that could not be foreseen must be shown.
4. If a continuance is granted, it is the responsibility of the parties to contact their respective clients. The opposing party's representative, or, if not represented, then the opposing party, must be notified of the request for continuance **before it is filed**. The results of the contact with the opposing party and/or representative should be set forth below. A failure to follow this notification procedure may result in the request being denied.
5. A request for continuance must be copied to the opposing party and representative via facsimile or mail.
6. **Documentation in support of the reason for the request must be submitted or the request may be denied.**

CLAIM NUMBER: _____

Injured Worker's Information		Employer's Information	
Name		Name	
Address		Address	
City, State, Zip Code	County	City, State, Zip Code	
Phone ()	SS#	Phone ()	
Injured Worker Representative's Information		Employer Representative's Information	
Name		Name	
Address		Address	
City, State, Zip Code		City, State, Zip Code	
Rep. ID #		Rep. ID #	

I the ___ employer, ___ claimant, ___ Administrator, request a continuance in the above numbered claim. This claim is scheduled for hearing before a ___ DHO, ___ SHO, ___ Commissioners in (city) _____ on (date) _____, 20___, at ___ a.m., ___ p.m., in room number _____. Supporting documentation will be provided yes no.

This request was copied to _____ via facsimile mail at _____ or _____

- A continuance is requested due to (select one):
- IC Hearing conflict (**no supporting documentation required**)
 - Independent medical evaluation has been scheduled on _____ (mm/dd/yyyy)
 - Recently retained legal counsel and this hinders our ability to obtain evidence necessary for hearing (**no supporting documentation required**)
 - Parties are negotiating a settlement
 - Injured worker failed to submit medical release
 - Injured worker failed to attend independent medical evaluation
 - Parties agree to change the hearing venue to _____ (city)
 - Documented court conflict
 - Parties have requested a pre-hearing conference
 - Did not receive copy of request for action
 - Unforeseen circumstances as follows or any other reason not listed above: _____

SIGNING PARTIES AGREE TO THIS CONTINUANCE AND TO WAIVE THE TIME FRAMES AS SET FORTH IN SECTION 4123.511 AND OTHER APPLICABLE PROVISIONS OF THE OHIO REVISED CODE. REPRESENTATIVES CERTIFY THAT THEIR RESPECTIVE CLIENTS HAVE BEEN INFORMED OF THE TIME FRAMES AND HAVE AGREED TO WAIVE SAME.

_____ (Applicant Name)	_____ Date	Telephone () _____
_____ (Signature)		Fax () _____
_____ (Opposing Party Name)	_____ Date	Telephone () _____
_____ (Signature)		Fax () _____

Telephone Authorization