

**Workers' Compensation Board of Review**

PO Box 2628  
Charleston, WV 25329-2628  
(304)558-5230

**DOCUMENT SUBMISSION FORM**

CLAIMANT: \_\_\_\_\_ EMPLOYER(S): \_\_\_\_\_

JCN: \_\_\_\_\_

DOI/DLE \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_ REPRESENTING: \_\_\_\_\_

REFERENCE: \_\_\_\_\_ ORDER DATE(S) \_\_\_\_\_

SHORT DESCRIPTION OF ORDER(S) \_\_\_\_\_

---

PLEASE SELECT ONE OF THE FOLLOWING CATEGORIES **ATTACH ONLY (1) DOCUMENT PER FORM**

**PROTEST**       **LATE PROTEST**       **\*\*\*RESUBMITTED PROTEST (PREVIOUSLY DENIED)**

**EVIDENCE: AUTHOR:** \_\_\_\_\_  **\*\*\*RESUBMITTED EVIDENCE (PREVIOUSLY DENIED)**

DATE OF REPORT: \_\_\_\_\_

**NOTICE OF RELEVANT DOCUMENT(S)\*** (EVIDENCE PREVIOUSLY SUBMITTED ON PRIOR PROTEST IN SAME CLAIM)

**ARGUMENT IN LIEU OF EVIDENCE** (MUST BE FILED WITHIN PROTESTING PARTY'S TIME FRAME)

**CLOSING ARGUMENT/CASE SUMMATION** (MAY BE FILED WITHIN 10 DAYS OF TFO EXPIRATION)

**NOTICE OF APPEARANCE**

**MOTION**      **\*\*\*RESUBMITTED MOTION (PREVIOUSLY DENIED)**

- A) EXTENSION OF TIME FRAME
- B) PROTEST(S) WITHDRAWAL
- C) MISCELLANEOUS MOTION
- D) SUBMIT
- E) HEARING CONTINUANCE
- F) HEARING REQUEST

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

CC:

\*\*THIS FORM SHOULD BE SUBMITTED IN ADDITION TO YOUR REGULAR CORRESPONDENCE LETTER THAT ACCOMPANIES YOUR SUBMISSIONS OF DOCUMENTS. THIS FORM IS BEING USED TO ASSIST IN THE INDEXING PROCESS.