

Form DWC058 Instructions - Request for Interlocutory Order

INSTRUCTIONS TO INJURED WORKER / BENEFICIARY

An injured worker, beneficiary, or sub-claimant may file a *Request for Interlocutory Order* (form DWC058) with the Division of Workers' Compensation. A *Request for Interlocutory Order* should be filed only after a Benefit Review Conference has been concluded and the unresolved issues are scheduled for a Contested Case Hearing. You may request payment of past and/or future benefits; however, you must be specific as to what benefits are being requested (Boxes #7 - #10).

Send To:

TDI - DIVISION OF WORKERS' COMPENSATION
Chief Clerk of Proceedings, MS-35
7551 Metro Center Drive, Ste. 100
AUSTIN, TEXAS 78744
Fax numbers (512) 804-4071 or (512) 804-4011

This form and all documentation to support your request may be mailed, faxed, or delivered to the address shown above within 10 days after the conclusion of your Benefit Review Conference. Your request must include all documentation that you want the Division to consider.

You must also provide a copy of this form and supporting documentation to the individual that represented the insurance carrier at your Benefit Review Conference. If you gave a copy of this form to the carrier's representative at the conclusion of your Benefit Review Conference, please indicate this by checking the appropriate box near the bottom of page one.

Staff designated by the Commissioner will review your *Request for Interlocutory Order*, along with any response filed by the insurance carrier. The Division may ask you to participate in a telephone conference to further discuss your request prior to acting on the request.

The Division will respond to your request for an interlocutory order within ten days of receipt. You will be informed of the Division's decision, either by issuance of an interlocutory order or by notification of refusal to issue an order, in accordance with Division Rule 141.6.

NOTE: With few exceptions, you are entitled by law to know, review, and correct information that DWC collects on its forms about you. For more information, call our Open Records section at 512-804-4434.

INSTRUCTIONS TO INSURANCE CARRIER

Following receipt of a *Request for Interlocutory Order*, the insurance carrier shall file an immediate response with the Division. The response should be delivered to the address above and a copy sent to the person requesting the interlocutory order and their representative or ombudsman.

An insurance carrier may file a *Request for Interlocutory Order* pursuant to §410.033 to request an order for multiple carriers to share in the payment of benefits pending a final decision regarding liability.

[Texas Labor Code, Sec. 410.032, 033. Payment of Benefits Under Interlocutory Order; Rule 141.6]

