

**GEORGIA STATE BOARD OF WORKERS' COMPENSATION  
FRAUD AND COMPLIANCE  
REQUEST FOR HEARING OR TRIAL DIVISION INTERVENTION**

**A. IDENTIFYING INFORMATION**

COMPLAINANT	State Board of Workers' Compensation Fraud & Compliance Division 270 Peachtree Street, N.W. Atlanta, Georgia 30303-1299	Case No. or SS No. _____ Date of Injury (if applicable) _____ Name of Employee (if applicable) _____ County of Case _____
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Assigned Division Attorney: \_\_\_\_\_  
Phone: \_\_\_\_\_

RESPONDENT	Name: _____ Address: _____ _____ _____ County: _____ Phone: _____	<input type="checkbox"/> Individual <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporate Officer <input type="checkbox"/> Registered Agent <input type="checkbox"/> Partner <input type="checkbox"/> *Other  * _____
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RESPONDENT'S ATTORNEY/ REGISTERED AGENT	Name: _____ Address: _____ _____ _____ Phone: _____
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**B. TYPE OF ACTION REQUESTED**

Hearing \_\_\_\_\_  
Order \_\_\_\_\_ (Affidavit Attached)

**C. ISSUES TO BE DETERMINED ARE AS FOLLOWS:**

- \_\_\_\_\_ Determination of compliance of the above-named Respondent with the coverage requirements of O.C.G.A. §34-9-121 and/or O.C.G.A. §34-9-126.
- \_\_\_\_\_ Determination of possible civil penalties pursuant to the following code section(s):
  - \_\_\_\_\_ O.C.G.A. §34-9-18(a) Disregard of Board Orders or violation of Board Rules; \$100.00 - \$1,000.00 penalty.

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G.A. §34-9-18 and §34-9-19).

\_\_\_\_\_ O.C.G.A. §34-9-18(b) Knowingly and intentionally makes any false or misleading statements or representations to facilitate the obtaining or denying of any benefits; \$ 1,000. 00 - \$1 0,000. 00 penalty.

\_\_\_\_\_ O.C.G.A. §34-9-18(c) Failure to comply with insurance requirements of the workers' compensation law or qualify as a self-insurer; \$500.00 - \$5,000.00 penalty.

\_\_\_\_\_ Other: \_\_\_\_\_

**D. BRIEFLY DESCRIBE THE CIRCUMSTANCE SERVING AS THE BASIS OF YOUR REQUEST:**  
(If requesting an Administrative Order, attach an affidavit)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Action Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

**E. CERTIFICATION**

I hereby certify that the above is true and correct to the best of my knowledge. I have, this day, sent a copy of this to the above-named Respondent, Respondent's attorney or, to the Registered Agent if incorporated at the address listed above.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINT NAME HERE

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
ATTORNEY BAR NO.

\_\_\_\_\_  
DATE