

STATUS REQUEST
MISSISSIPPI WORKER'S COMPENSATION COMMISSION

TO: ALL PARTIES

RE: MWCC NO.:

CLAIMANT:

EMPLOYER:

CARRIER:

ADMINISTRATIVE JUDGE:

Pursuant to Commission Rule 2.7, all parties are requested to file answers to the following questions via ATOS within fifteen (15) days from the date of this Status Request:

1. What is the status of medical treatment? _____

2. Has the Claimant reached MMI? _____
3. Is Claimant back at work? _____ or receiving indemnity benefits? _____
4. Have the parties discussed settlement? _____ Mediation? _____
5. What remains to be done regarding discovery responses and depositions? _____

6. Do you need more discovery time? _____ If so, for how many days? _____
7. Any other pertinent information? _____

Please note that a party may request a conference with the Administrative Judge to help move a claim toward resolution, but a party should request specific relief by motion.

Submitted by: _____

Attorney's Name

Email Address/Phone No.

Representing Claimant or Employer/Carrier

Date