

**MISSISSIPPI WORKERS' COMPENSATION COMMISSION
PETITION TO CONTROVERT**

PLEASE COMPLETE ALL INFORMATION

MWCC #:

Claimant Name: _____ Email: _____ Address: _____ City: _____ State: _____ Zip: _____ SSN: _____ Date of Birth: _____	Insurer Name: _____ Address: _____ City: _____ State: _____ Zip: _____
Employer Name: _____ Address: _____ City: _____ State: _____ Zip: _____	Claims Administrator (TPA) Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Comes now the claimant and controverts this cause and in support thereof alleges the following:

1. On the _____ day of _____, _____, claimant received a compensable injury while in the employ of the captioned employer.
2. Claimant's Occupation: _____ Average Weekly Wage: _____
3. **County** and place of accident or illness: _____
 - A. Nature of work in which claimant was engaged at the time of injury or illness: _____
 - B. Description of accident or illness and how it happened: _____
 - C. Accurately describe the part or parts of body involved or injured, or type of occupational disease: _____
 - D. Date employer first notified of injury or illness and name and title of person notified: _____
 - E. Name and addresses of witnesses: _____
4. Names and addresses of attending physicians and hospitals with dates medical treatment rendered: _____
 - A. Was medical treatment furnished by employer? Yes ___ No ___.
 - B. Is medical treatment presently being furnished by employer? Yes ___ No ___.
5. Compensation has ___ has not ___ been paid for _____ disability from _____ to _____ at the rate of \$ _____.
 - A. Period of temporary disability: _____
 - B. Date of maximum medical improvement: _____
 - C. Date able to resume employment: _____
 - D. Nature, degree and extent of permanent disability: _____
 - E. Loss of wage earning capacity, if applicable: _____
6. Injury did ___ did not ___ result in death. Date of death (if applicable): _____
 Name, address, date of birth and relationship of each claimant who was dependent and for whom claim is made is listed on Exhibit "A", attached hereto, and made a part hereof by reference.
7. Are penalties demanded: Yes ___ No ___. If yes, why? _____
8. Other matters in dispute are as follows: _____

This the _____ day of _____, _____.

 Signature of Claimant or Representative
 Name, address, phone number, & bar number of attorney:

