|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Audio Recording Request | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| This form IS NOT to be used when requesting a transcript in connection with a Petition to Review. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Today’s Date: | | | | | |  | | | | | | | | | | | | |  | | | | | | Case No: | | | | | | |  | | | | | | | | | | | | | | | | | | | | |  |
| Case Name: | | | |  | | | | | | | | | | | | | | | | | | | Party Making Request: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |
| Date of Hearing: | | | | |  | | | | | | | | | | |  | | | | | | Location of Hearing: | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  |
| Is this a Worker’s Compensation Hearing? | | | | | | | | |  | | | | | Yes | | |  | No | | | Courtroom (if applicable): | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |
| Time Hearing Started: | | | | | | |  |  | | Time Hearing Ended: | | | | | | | | | | | | | |  | | | | | | | | | | Judge: | | | | | | |  | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Requests for written transcripts will be forwarded to an outside transcription service for preparation. If requesting a transcript, you must provide the name and address of the transcriptionist or court reporter to whom OAC will send a copy of the recording.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I am requesting a copy of: | | | | | | | | | | |  | | | | Recording of the hearing only. (audio link to be provided). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | Written transcript of the hearing only. Name and address of transcriptionist attached. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | | | | Both the recording and written transcript of the hearing. Name and address of transcriptionist attached. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| By signing this request, I acknowledge that the filing of this form with the Office of Administrative Courts **does not** constitute filing an appeal of this case. I further acknowledge that if this request is in conjunction with a Worker’s Compensation Petition to Review or other form of Appeal that additional filing requirements may need to be met pursuant to any and all applicable rules of the agency/department involved. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **X** | |  | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | Signature | | | | | | | | | | | | | | | | | | | | | | | | |  | Attorney Registration Number | | | | | | | | | | | | | | | | | | | | | | |  | | |
| First Name |  | | | | | | | | | | | Last Name: | | | | | | |  | | | | | | | | | | | | | | Middle Initial | | | | | | | | |  | | Suffix | | | |  | | | |  | |
| Company |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Address |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| City |  | | | | | | | | | | | | | | | | | | | | | | | | | State | | |  | Zip | | | | | |  | | | Phone | | | | | |  | | | | | |  | | |
| E-mail |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby certify that I mailed or delivered the original of the Audio Recording Request to all parties at the addresses shown below: (A claimant must provide a copy to the employer and the insurer, or their attorney.): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name | | |  | | | | | | | | | | Last Name: | | | | | | |  | | | | | | | | | | | | | | | Middle Initial | | | | | | | |  | | | | Suffix | | |  | |  | |
| Company | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| City | | |  | | | | | | | | | | | | | | | | | | | | | | | State | | |  | Zip | | | | | |  | | | | Phone | | | | | |  | | | | | |  | |
| E-mail | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date Mailed | | | | | | |  | | | | | | | | | | |  | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | REV 4/24 | | | | |