

STATE OF MINNESOTA
OFFICE OF ADMINISTRATIVE HEARINGS

WID:

DOI:

Employee ,

**REQUEST FOR MINN. STAT. § 176.239
ADMINISTRATIVE CONFERENCE**

v.

Employer ,

and

Insurer. ,

The employee identified below requests an administrative conference pursuant to Minn. Stat. § 176.239.

Party Information: (Not required if this form is being eFiled)

	Name	Email	Mailing Address
Employee			
Employer			
Employer's attorney			
Insurer's attorney or adjuster			
QRC			

Case Information: (Required in all cases)

- Date NOID was served on Employee:
 - Date of injury for which benefits are being discontinued:

- Indicate which box on the NOID is checked:
 - If box 1 or 2 is checked, state the return to work date:
 - If box 3 is checked, state the reason:
- If no NOID was filed, state the final payment date:

Provide additional claim information:

- Claims adjuster/representative name:
- Phone number:
- Claim number:
- Does the employee plan to attend the .239 conference?
 - If yes, is an interpreter needed?
 - Language:

Date:

Signature of
Attorney for Employee
Phone number:
Email address:
Mailing address:

INSTRUCTIONS

1. This Request must be filed with the Office of Administrative Hearings via [eFiling](#) or by mail to PO Box 64620, Saint Paul, Minnesota, 55164-0620. eFiling instructions are available at <https://mn.gov/oah/forms-and-filing/efiling/wc-efiling.jsp>.