South Carolina Workers' Compensation Commission
1333 Main Street, Suite 500
P.O. BOX 1715
Columbia, SC 29202-1715
(803) 737-5700   www.wcc.sc.gov

PRE-HEARING BRIEF
WCC File No:_____

Claimant's Name: _____

Employer's Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

City: _____ State: _____ Zip: _____

Home Phone: ( ) - Work Phone: ( ) -

Carrier: _____

Preparer's Name: _____

Preparer's Phone #: ( ) -

A claim for workers' compensation benefits is made based on the following grounds:
☐ Injury ☐ Illness ☐ Repetitive Trauma

1. Compensation Rate: _____ 2. AWW: $ _____ **Date of Injury:** _____

3. Type of injury and body part(s): _____

4. Facts in controversy: _____

5. Legal issues involved: _____

6. Unusual aspects: _____

7. Witnesses (designate if expert):* _____

8. Exhibits: _____

9. Medical evidence (indicate report pursuant to R.67-612; deposition or appearance): _____

10. Name, address, and specialty, if any, of the treating physician: _____

11. Impairment rating(s); body part(s); physician and date of opinion: _____

12. I am amending my Form 50/51 in the following manner: _____

☐ **Mediation**
   ☐a.   Mediation is requested to be ordered pursuant to Reg. 67-1801 B.
   ☐b.   Mediation is required pursuant to Reg. 67-1802.
   ☐c.   Mediation is requested by consent of the Parties pursuant to Reg. 67-1803.
   ☐d.   Mediation has been conducted by a duly qualified mediator and resulted in an impasse.
   Questions regarding mediation may be submitted to **mediation@wcc.sc.gov.**

I certify I have served this document pursuant to Reg. 67-211. See attached certificate of service.

I verify the contents of this form are accurate and true to the best of my knowledge.

Signature: _____ Email: _____
Date of hearing: _____ Time needed for hearing: _____

Questions about the use of this form should be directed to the Jurisdictional Commissioner. Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615; as well as Regulation 67- 1801. File this form and proof of service on the opposing party according to R.67-611 and R.67-212. Do not send medical reports. * Commissioners reserve the right to admit expert witnesses at hearings.

WCC Form # 58
Revised 9/23

58

PRE-HEARING BRIEF