

# VR Dispute

## QuickStart Guide

The VR Dispute process allows a user to raise a dispute regarding Vocational Rehabilitation services, this dispute is raised before the Commission and may be heard by a Commissioner.



Claim Information

Claim Number: W403800      Claimant Name: Alice Parker

Employer & Insurer

Employer	Insurer
MAZDA MOTOR OF AMERICA INC	mitsui sumitomo insurance co of america

Last Hearing Date: 06/20/2024

**1** Review the top of the form for accuracy. Information is populated from the Claim File. The most recent hearing date is displayed on the header of the form.

Request to the Commission

The undersigned party to this Workers' Compensation Claim here by requests dispute resolution in regard to the following issue(s):

- Comprehensive Vocational Assessment and Evaluation, including Testing
- Functional Capacity Evaluation
- Continuation or extension of Vocational Rehabilitation Services
- Job placement/development services
- Termination of Rehabilitation Compensation Benefits
- Disagreement with Vocational Rehabilitation Plan and Services provided
- Other

**2** Select the relevant issue(s) by checking the appropriate check boxes. If "Other" is selected, enter the reason in the free form text box.

Requested By

Claimant       Claimant Attorney       Employer/Insurer       Employer/Insurer Attorney       SIF/UEF

**3** Select your role.

Opposing Counsel Contact Information : (Required Information)

Please select + icon below to add a new opposing counsel contact information.

Name	Telephone	Mobile Telephone
John	1234567890	

+    Cancel    Save

\* Telephone/ Mobile number is required for each Opposing Counsel.

**4** Click the plus icon (+) and enter the Opposing Counsel information. Multiple parties can be added using this. Don't forget to click Save after each entry.

# VR Dispute

## QuickStart Guide

After the form has been submitted, a PDF copy is displayed. The user can view, print, and/or download this PDF.



MARYLAND WORKERS' COMPENSATION COMMISSION

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**VOCATIONAL REHABILITATION DISPUTE**

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INSTRUCTIONS: This form is to be used by the parties to a compensation claim only to request emergency assistance or a hearing regarding disputed Vocational Rehabilitation issues. Fill out this form and submit to the Commission for action. This form may only be submitted electronically

WCC CLAIM NUMBER: W403800

CLAIMANT NAME: Alice Parker

EMPLOYER: MAZDA MOTOR OF AMERICA INC

INSURER: MITSUI SUMITOMO INSURANCE CO OF AMERICA

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**Request to the Commission**

The undersigned party to this Workers' Compensation Claim hereby requests dispute resolution in regard to the following issue(s):

- 1. Comprehensive Vocational Assessment and Evaluation, including testing
- 2. Functional Capacity Evaluation
- 3. Continuation or extension of Vocational Rehabilitation Services
- 4. Job Placement/Development services
- 5. Termination of Rehabilitation Compensation Benefits
- 6. Disagreement with Vocational Rehabilitation plan and services provided
- 7. Other:

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**Requested By**

Claimant  Claimant's Attorney  Employer/Insurer  Employer/Insurer Attorney  SIF/UEF

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MARYLAND WORKERS' COMPENSATION COMMISSION

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**Opposing Counsel Contact Information**

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Name	Telephone	Mobile Telephone
John	1234567890	9876543210

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**CERTIFICATE OF SERVICE**

I further certify that I have discussed the dispute with opposing counsel on 04/16/2024 and the matter cannot be resolved.

I hereby certify that on the date set forth below I mailed, postage prepaid, a copy of this Vocational Rehabilitation Dispute Form and any attached documentation to all parties and their attorneys.

Electronically Signed By:  
Aruna Kamana  
Claimant Attorney  
04/16/2024 02:03 PM