

Industrial Commission Forms

Medical-Questionnaire	Workers' Compensation Medical Status Questionnaire (Medical-Questionnaire)
Internal-Checklist	Health Benefit Plans and Medical Costs Internal Checklist (Internal-Checklist)
Form-18	Notice of Accident to Employer and Claim of Employee, Representative, or Dependent for Workers' Compensation Benefits (G.S. §97-22 through G.S. §97-24) (Form-18)
Form-18B	Claim by Employee, Representative, or Dependent for Lung Disease, Including Asbestosis, Silicosis, and Byssinosis (G.S. §97-53) (Form-18B)
Form-18M	Employee's Application for Additional Medical Compensation (G.S. §97-25.1) (Applicable to Injuries by Accident or Occupational Illness on or After July 5, 1994) (Form-18M)
Form-19	Employer's Report of Employee's Injury or Occupational Disease to the Industrial Commission (Form-19)
Form-21	Agreement for Compensation for Disability (G.S. §97-82) (Form-21)
Form-22	Statement of Days Worked and Earnings of Injured Employee (Form-22)
Form-23	Application to Reinstate Payment of Disability Compensation (G.S. 97-18(k))
Form-24	Application to Terminate or Suspend Payment of Compensation (G.S. §97-18.1) (Form-24)
Form-25A	Certification of Complete Medical Reports (Form-25A)
Form-25C	Authorization for Rehabilitation Professional to Obtain Medical Records of Current Treatment (Form-25C)
Form-25N	Notice to the Commission of Assignment of Rehabilitation Professional (Form-25N)
Form-25P	Itemized Statement of Charges for Drugs (Form-25P)
Form-25R	Evaluation For Permanent Impairment (Form-25R)
Form-25T	Itemized Statement of Charges for Travel (Form-25T)
Form-26	Supplemental Agreement as to Payment of Compensation (G.S. §97-82) (Form-26)
Form-26A	Employer's Admission of Employee's Right to Permanent Partial Disability (Form-26A)
Form-26D	Agreement for Payment of Unpaid Compensation in Unrelated Death Cases (G.S. §97-37) (Form-26D)
Form-28	Return to Work Report (Form-28)
Form-28B	Report of Employer or Carrier/Administrator of Compensation and Medical Compensation Paid and Notice of Right to Additional Medical Compensation (Form-28B)
Form-28C	Report of Employer or Carrier / Administrator of Compensation and Medical Compensation Paid Pursuant to a Compromise Settlement Agreement (Form-28C)
Form-28T	Notice of Termination of Compensation by Reason of Trial Return to Work (G.S. §97-18.1(b) and G.S. §97-32.1) (Form-28T)
Form-28U	Employee's Request That Compensation Be Reinstated After Unsuccessful Trial Return to Work (G.S. §97-32.1) (Form-28U)
Form-29	Supplemental Report for Fatal Accidents (Form 19, employer's report of employee's injury to the Industrial Commission, must also be submitted in every case) (Form-29)
Form-30	Agreement for Compensation for Death (Form-30)

Form-30A	Notice of Award (Form-30A)
Form-30D	Award Approving Agreement for Compensation for Death (Form-30D)
Form-31	Application for Lump Sum Award (Form-31)
Form-33	Request That Claim Be Assigned for Hearing (Form-33)
Form-33R	Response to Request That Claim Be Assigned for Hearing (Form-33R)
Form-36	Subpoena for Witness (Form-36)
Form-42	Application for Appointment of Guardian Ad Litem (Form-42)
Form-44	Application for Review (Form-44)
Form-51	Annual Consolidated Fiscal Report of "Medical Only" or "Lost Time" Cases (Form-51)
Form-60	Employer's Admission of Employee's Right to Compensation Pursuant to (G.S. §97-18(b)) (Form-60)
Form-61	Denial of Workers' Compensation Claim (G.S. §97-18(c) and G.S. §97-18(d)) (Form-61)
Form-62	Notice of Reinstatement or Modification of Compensation (G.S. §97-32.1 and G.S. §97-18(b)) (Form-62)
Form-63	Notice to Employee of Payment of Compensation Without Prejudice (G.S. §97-18(d)) OR Payment of Medical Benefits Only Without Prejudice (G.S. §97-2(19) & §97-25) (Form-63)
Form-87A	Affidavit of Accrued Arrearages (Form-87A)
Form-87C	Certificate of Accrued Arrearages or Certified Accounting of Award (Form-87C)
Form-87S	Certificate of Accrued Arrearages (Form-87S)
Form-90	Report of Earnings (Form-90)

Tort Award Forms

Form-T-1	Claim for Damages Under Tort Claims Act, G.S. §143-291 et seq. (Form-T-1)
Form-T-3	Release of Tort Claim Under G.S. §143-291 et seq. (Form-T-3)
Form-T44	Application for Review (Form-T44)

Mediation Forms

Form-MSC1	Consent Order for Mediated Settlement Conference (Form-MSC1)
Form-MSC2	Petition for Order Referring Case to Mediated Settlement Conference (Form-MSC2)
Form-MSC3	Order for Mediated Settlement Conference (Form-MSC3)
Form-MSC4	Designation of Mediator (Form-MSC4)
Form-MSC5	Report of Mediator (Form-MSC5)
Form-MSC6	Mediator's Declaration of Interest and Qualifications (Form-MSC6)
Form-MSC7	Report of Evaluator (Form-MSC7)
Form-MSC8	Mediated Settlement Agreement (Form-MSC8)
Form-MSC9	Mediated Settlement Agreement (Form-MSC 9)

Indigent Forms

Petition-to-Sue Petition to Sue as an Indigent Person (Petition-to-Sue)

Petition-to-Appeal Petition to Appeal as an Indigent Person (Petition-to-Appeal)

Certification of Payment of Processing Fee for:

Cert-of-Pay-Comp-Agm Compromise Settlement Agreements (Cert-of-Pay-Comp-Agm)

Cert-of-Pay-Agr-Rev Form Agreement Review (Form 26A) (Cert-of-Pay-Agr-Rev)

Cert-of-Pay-App Form 24 Application (Cert-of-Pay-App)