



Oregon

John A. Kitzhaber, MD, Governor

Department of Consumer and Business Services
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BULLETIN NO. 285 (Revised) **Nov. 21, 2012**

TO: All interested parties

SUBJECT: Workers' Compensation Division Request for Hearing, Form 440-2839

This bulletin provides the form to use to request a hearing on a matter within the director's jurisdiction. The Workers' Compensation Division made a few minor updates to the bulletin and form, but the requirements for requesting a hearing have not changed. This bulletin replaces Bulletin 285 dated Dec. 4, 2009.

The requirements for requesting a hearing are in OAR 436-001-0019. Use of Form 2839 is optional, but completion of the form ensures your request is complete.

You can print or re-create Form 2839. The automated Word® version of the form is available online: <http://wcd.oregon.gov/forms/Pages/forms.aspx>.

There is also a Web form available: http://wcd.oregon.gov/BulletinExtra/hearing_request.html.

You must file your request for hearing with the division no later than the filing deadline. You can submit your request by mail, hand delivery, fax, e-mail, or by using the online form. See OAR 436-001-0027 to determine how to submit your request timely.

Mail to: Hearings Coordinator
Operations Section
Workers' Compensation Division
P.O. Box 14480
Salem, OR 97309-0405

Hand deliver to: Labor and Industries Building
Workers' Compensation Division
Second Floor Reception
350 Winter St. NE
Salem, OR 97301

E-mail to: wcd.hearings@oregon.gov
See OAR 436-001-0019(3) for additional requirements for e-mail.

Fax to:

Hearings Coordinator
Operations Section
503-947-7514

See OAR 436-001-0019(3) for additional requirements for fax.

You can find the rules that apply to requests for hearing at www.wcd.oregon.gov/laws/Pages/Rule.aspx?r=001. Click on “001” (Procedural Rules, Rulemaking, Hearings, and Attorney Fees). Relevant rules are also re-printed on the second page of Form 2839.

If you have questions about hearings within the director’s jurisdiction, contact the Hearings Coordinator at 503-947-7841.

/s/ John L. Shilts

John L. Shilts, Administrator
Workers’ Compensation Division

Attachment: Form 440-2839, “Workers’ Compensation Division Request for Hearing” (Rev. 11/12)

Distribution: WCD-LY, E-mail lists