



Oregon

Tina Kotek, Governor



Workers'
Compensation
Division

Department of Consumer
and Business Services

BULLETIN NO. 285 (Revised)
March 3, 2023

TO: All interested parties

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

This bulletin provides a 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 March 15, 2018.

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

The Word® version of the Form 2839 is available online at <http://wcd.oregon.gov/forms/Pages/forms.aspx>.

There is also an online Form 2839 available: <https://wcd.oregon.gov/forms/Pages/request-for-hearing.aspx>.

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, email, or by using the online form. See OAR 436-001-0027 to determine how to submit your request timely.

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

Hand deliver to: WCD Hearings
350 Winter St. NE, 2nd floor
Salem, OR 97301

Email to: wcd.hearings@dcbs.oregon.gov

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

Fax to: WCD Hearings
503-947-7511

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

You can find the rules that apply to requests for hearing at <http://wcd.oregon.gov/laws/Pages/Rule.aspx?r=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 Contested Cases Technician by email, wcd.hearings@dcbs.oregon.gov, or by phone, 503-947-7822.



Sally Coen, Administrator
Workers' Compensation Division

Attachment: [Form 2839](#), "Workers' Compensation Division Request for Hearing" (Rev. 3/23)

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