MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
3315 West Truman Blvd., P.O. Box 58
Jefferson City, MO 65102-0058

REQUEST FOR VOLUNTARY CONFERENCE

1. INJURY NUMBER

__ __ - __ __ __ __ __ __

Note: This form must be completed in its entirety and must be typed or hand printed in black ink.

Please submit this form to the appropriate adjudication office.

		2. Date of Injury
		3. Case Venue
4. Employee	5. Address of Employee	6. Employee's Telephone No.
7. Attorney for Employee	8. Address of Employee's Attorney	9. Employee's Attorney Telephone No.
10. Attorney for Employer/Insurer	11. Address of Employer/Insurer Attorney	12. Employer/Insurer Attorney's Telephone No.
13. Insurance Company and/or Third Party Administrator	14. Address of Insurance Company or Third Party Administrator, if known	15. Party Requesting the Conference

16. Please explain why you want a conference:

An administrative law judge cannot act as an attorney for any party or give any specific legal advice to any party regarding the case. An administrative law judge shall approve a settlement agreement as long as:

- The settlement is not the result of undue influence or fraud;
- The employee fully understands his or her rights and benefits;
- The employee voluntarily agrees to accept the terms of the agreement; and
- The settlement is in accordance with the rights of the parties.

DIVISION USE ONLY

COMPLETED BY DIVISION OF WORKERS' COMPENSATION

Approved _____

Date _____

Please visit our web site at **www.dolir.mo.gov/wc** if you have any questions about your rights or benefits under the Workers' Compensation Law. Keep a copy for your records.