

# Claim Form & Request for Hearing

Virginia Workers' Compensation Commission  
1000 DMV Drive Richmond Virginia 23220  
1-877-664-2566



www.vwc.state.va.us

Jurisdiction Claim #: \_\_\_\_\_

Claim Administrator #: \_\_\_\_\_

SEE INSTRUCTIONS ON REVERSE SIDE

Injured Worker's Name: _____	Employer's Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Home Phone: _____ Work Phone: _____	Employer's Phone: _____

Parts of Your Body Injured: \_\_\_\_\_  
\_\_\_\_\_

Date of Injury\*: \_\_\_\_\_ Average Earnings per week: \$ \_\_\_\_\_

**\*in case of disease, give date doctor told you that disease was caused by work**

## **PART A (Claim Form)** (All injured workers should complete this section for workers' compensation injuries)

I hereby file this claim to protect my rights under the Virginia Workers' Compensation Act for the injury or disease described above. I am not requesting the Commission take any specific action at this time.

\_\_\_\_\_  
Injured Worker's signature                      Print Name                      Date

Please sign and return to the Commission. Complete Part B below **only** if you are requesting a hearing.

## **Part B (Request for Hearing)** (You are not required to complete this section—do so only if you are requesting a hearing)

I hereby request a hearing from the Commission. I am seeking the following:

- An Award for medical benefits for my injury (including any treatment already received & paid for) \*\*
- I missed work because of my injury on (dates) \_\_\_\_\_ \*\*
- I earned less pay because of my injury on (dates) \_\_\_\_\_ \*\*
- I have a loss of or loss of use of a body part or have disfigurement. \*\*
- I have unpaid medical bills relating to my injury. \*\*
- Other \_\_\_\_\_

\_\_\_\_\_  
Injured Worker's signature                      Print Name                      Date

\*\* Attach medical records or bills.

If there are any questions regarding this form, please contact the Commission toll-free at **1-877-664-2566**.

**BARCODE**  
(Form Identifier & JCN)

**Claim Form &  
Request for Hearing  
VWC Form #5**

**Filing Instructions**

1. Even if you have been paid by your employer or claim administrator for time missed from work because of your injury or for medical treatment for your injury, you must file a claim with the Virginia Workers' Compensation Commission to protect your right to benefits under Virginia law. File this Claim Form, with Part A completed, with the Commission as soon as possible.
2. For questions or assistance with completing this form, please contact Customer Assistance using the Commission's toll-free number 877-664-2566.
3. If you are requesting a hearing, you must file medical reports supporting your request with the Commission. If you are requesting a hearing, complete Part B of this form and submit the medical reports either attached to the form, or as soon as possible.
4. If you are not requesting a hearing at this time, you may do so at a later date, but you should still submit this form with Part A completed. To request a hearing at a later date, please contact the Commission at 877-644-2566 or the Commission's website at [www.vwc.state.va.us](http://www.vwc.state.va.us) to obtain another copy of this form.
5. You may obtain copies of your medical records directly from your physician. Please contact the Commission at 877-644-2566 for assistance.