



Workers' Compensation Board



Reference Guide

April 2017

Updates June 2024

Administrative Services Division

Hearings Division

Board Review Division

Table of Contents

<u>Directory of Services</u>	3
<u>History of the Workers' Compensation Board</u>	4
<u>Organizational Chart</u>	5
<u>Glossary of Common Terms</u>	6
<u>WCB Portal</u>	10
<u>Administrative Services Division</u>	12
<u>Hearings Division</u>	16
<u>Board Review Division</u>	19
<u>Notes</u>	21

Directory of Services

The following WCB Sections (and listed services) can be reached by calling the number listed:

WCB Salem Office

2601 25th St SE, Ste 150
Salem, OR 97302-1280
(503) 378-3308
Toll-free 1-877-311-8061

**Maps with directions to all offices are available on our website at www.wcb.oregon.gov*

Administrative Services	FAX (503) 373-1600
<ul style="list-style-type: none">• New Requests for Hearing• Docketing• Safety Cases (OR-OSHA)• Litigation Coding/Archived Records• Information/Technology Services• Interpreter Services• Imaging/Audio Records	
Board Review	FAX (503) 373-1684
	<ul style="list-style-type: none">• Board Review Questions - Phone: (503) 934-0103• Orders on Review• CDA Submissions - Phone: (503) 934-0116• Own Motion Cases - Phone: (503) 934-0113• Processing of Briefs• Third Party Cases• Crime Victim Cases• WCB News & Case Notes• OAR 438 (Board's Administrative Rules)• Public Records Requests
Hearings Division	Fax (503) 373-7742 (Salem Office)
	<ul style="list-style-type: none">• Presiding Administrative Law Judge• Administrative Law Judges/Judicial Assistants• Hearings, Mediations, Motion Decisions, Settlements• Opinion and Orders (O&Os)
WCB Portland Office 16760 SW Upper Boones Ferry Rd Ste 220 Portland, OR 97224 (971) 673-0900 Fax (971) 673-0902	WCB Medford Office 115 W Stewart Ave Ste 102 Medford, OR 97501-6037 (541) 776-6217 Fax (541) 776-6252

History

The mission of the Workers' Compensation Board is to provide timely and impartial resolution of disputes arising under the Workers' Compensation Law and the Oregon Safe Employment Act. The most significant goal of the Board is to be a model forum to provide substantial justice to all parties who come before it. The Oregon Legislature created the Board as an independent agency in 1965, and in 1987 it continued the Board as an independent agency within the Department of Insurance & Finance (now the Oregon Department of Consumer & Business Services).

The Board consists of five full-time members, two of whom are selected from among persons with backgrounds and understanding of the concerns of employers, and two of whom are selected from among persons with backgrounds and understanding of the concerns of employees. One member represents the interests of the public and serves as the Chair. All five Board members are required, however, to impartially apply the law and, once appointed, may not represent any special interest. The members are appointed to four-year terms by the Governor, subject to confirmation by the Oregon Senate.

The Board, in its agency capacity, includes the Hearings Division, whose Administrative Law Judges (ALJs) conduct contested case hearings and provide alternative dispute resolution (mediation) regarding workers' compensation matters and Oregon Occupational Safety and Health Division (OR-OSHA) citations and orders. Hearings Division staffed offices are located in Portland, Salem, and Medford.

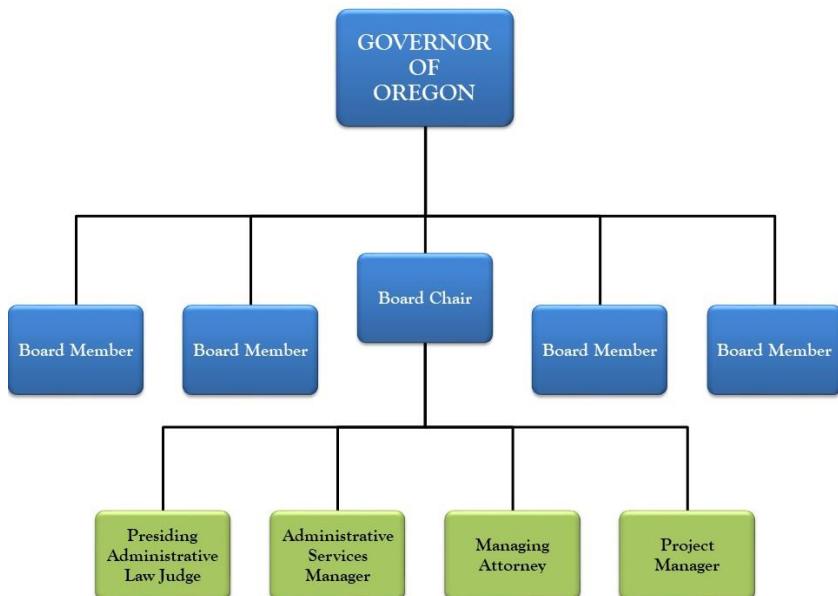
The Board is the appellate body that reviews the ALJs' workers' compensation orders on appeal, exercises own motion jurisdiction, and reviews Claim Disposition Agreements (compromise and release of workers' benefits). In addition, the Board conducts hearings/reviews of appeals from Oregon Department of Justice

decisions regarding applications for compensation under the Crime Victim Assistance Program, and resolves disputes between workers and workers' compensation carriers arising from workers' civil actions against allegedly liable third parties. The Board is assisted by staff attorneys who do legal research and assist with the drafting of orders. In making case decisions, the Board members may sit together or in panels. A decision of a panel is by a majority of the panel. When sitting "*en banc*," the concurrence of a majority of the members participating is necessary for a decision.

With limited exceptions, Board orders may be appealed by the parties to the Oregon Court of Appeals.

The Board also furnishes policy advice on workers' compensation issues to the Director of the Department of Consumer and Business Services (DCBS), upon the Director's request.

Organizational Chart



Glossary of Common Terms

- **Abatement:** An order issued by an ALJ or the Board Members that suspends a previously issued Opinion and Order or Order on Review, usually for purposes of reconsideration.
- **Administrative Law Judge (ALJ):** Person who adjudicates workers' compensation and safety cases.
- **Administrative Rulemaking Hearing:** A hearing conducted allowing interested persons to provide comments on the agency's proposal for changes to the Board's administrative rules of practice and procedure.
- **All-Day Set:** A hearing expected to take a full day on the docket.
- **Board Remand:** A case on Board review that has been sent back to the Hearings Division for reconsideration or the taking of additional evidence.
- **Briefing Schedule:** period within which written arguments (briefs) are submitted to the ALJ or Board Members.
- **Cancelled:** Hearing or mediation has been taken off the docket.
- **Change of Venue:** Changing the location of the hearing. A request for such a change must be made by a written motion.
- **Claim Disposition Agreement (CDA):** A written agreement executed by the parties in which a claimant agrees to release rights, or agrees to release an insurer or self-insured employer from its obligations, except for medical services, in an accepted claim. CDAs are approved by ALJ-mediators or Board Members.
- **Confirmed:** Hearing or mediation is scheduled on the docket.
- **Consolidation:** When a new request for hearing is assigned a separate WCB number and is joined with a case already on an ALJ's docket.

- **Continued Case:** Situation in which the hearing commences but is not completed on the originally scheduled date and will be resumed at a later date.
- **DCBS:** Department of Consumer and Business Services.
- **Director's Order:** An order issued by the Workers' Compensation Division (WCD). Certain orders can be transferred to the Hearings Division for a hearing and issuance of a Proposed and Final Order on behalf of the Director.
- **Dismissal:** Where an Order of Dismissal with appeal rights has issued disposing of the request for hearing or request for Board review.
- **Disputed Claim Settlement (DCS):** A written agreement executed by the parties in which the parties agree to make a reasonable disposition of all or part of a claim in which there is a bona fide dispute over the compensability of the claim. DCSs are approved by ALJs or Board Members.
- **Expedited Claim Service (ECS):** Cases where the issue does not involve compensability and the amount in controversy is \$1,000 or less, or a non-cooperation denial is at issue. Hearing is set within 30 days of the filing of the request for hearing. Within 10 days after closure of the case, the ALJ will issue a written order.
- **Expedited Hearing:** Hearing in which claimant is granted an expedited setting of the hearing when medical or financial hardship is established.
- **Expedited Remedy:** Cases where an insurer or self-insured employer, through a show cause order issued by an ALJ, is given 15 days to explain why temporary disability (under certain conditions), was not provided to claimant. Within 10 days after closure of the case, the ALJ will issue a written order.
- **Hearing Submitted On The Record:** A case that is decided by an ALJ based on the written record (exhibits, arguments).

- **Interpreter Services Coordinator (ISC):** WCB staff person who coordinates interpreter services for hearings.
- **Mediation:** A voluntary process for resolving disputes by which an independent neutral mediator facilitates a mutually-agreeable resolution between all parties without the necessity of a hearing.
- **Non-Complying Employer (NCE):** A subject employer in the State of Oregon operating without workers' compensation insurance coverage.
- **NCE Appeal:** A request for hearing filed by an NCE that appeals a WCD order of non-compliance.
- **Normal Course Initial Set:** Hearing set within 90 days of filing a new request for hearing.
- **Notice of Hearing:** Computer-generated form issued by WCB notifying the parties of the time, place, and date of hearing.
- **Opinion and Order (O&O):** An order with appeal rights issued by an ALJ detailing his/her decision relating to the issues presented in the case.
- **Order Issued Pursuant to ORS 656.307:** A WCD order with appeal rights to the Hearings Division that designates which insurer or self-insured employer shall pay compensation on a claim where responsibility is at issue.
- **Order on Reconsideration:** (1) An order issued by the Appellate Review Unit of WCD. This order is the first step in the appeal process on claim closures. This order, in turn, can be appealed to WCB. (2) An order issued by an ALJ or by the Board Members which reconsiders all or portions of a previously issued Opinion and Order or Order on Review.
- **Own Motion:** Additional benefits that may be granted to a worker after expiration of their 5-year “aggravation rights,” either through voluntary claim reopening by the carrier or by order of the Board under its “Own Motion” authority.

- **Postponement:** A case taken off the docket by an ALJ that is to be reset for a later date.
- **Request for Hearing:** A document filed with WCB that begins the litigation process.
- **Safety Case:** An appeal of an OR-OSHA safety citation.
- **Set (setting):** A scheduled hearing.
- **Settlement:** When the parties to a case decide to settle their dispute by mutual agreement.
- **Stipulation:** A written or oral agreement made on the record during a hearing approved in writing by the ALJ in which any matter contested between the parties (except matters settled by CDA or DCS) are resolved by agreement of the parties.
- **Subject Employer:** An employer in the State of Oregon that is required to have workers' compensation insurance coverage.
- **Subject Worker:** A worker in the State of Oregon for which workers' compensation insurance coverage is required to be provided.
- **Subjectivity Case:** Case where the issue is limited to whether the worker was a subject worker and the alleged employer was a subject employer on the date of the alleged injury. This type of case arises from appeal of a WCD order which is appealable to the Hearings Division.
- **Supplemental Request for Hearing:** Written notification adding an issue to an existing case set before an ALJ which does not have a separate WCB number.
- **WCB Portal:** WCB's web portal is a specially-designed website that enables users to submit filings, provide service to other parties, and view case information in a secure, password-protected environment.

- **Withdrawal:** Correspondence indicating that the party that filed a request for hearing or a request for Board review wishes to withdraw their request.

WCB Portal

- Attorney firms, insurers and third party administrators can have access to the WCB Portal. To open a portal account, you must obtain an activation number and codes from WCB.
- Email us at portal.wcb@wcb.oregon.gov
- Phone inquiries – contact Greig Lowell at (503) 934-0151.

What can you do with the WCB Portal?

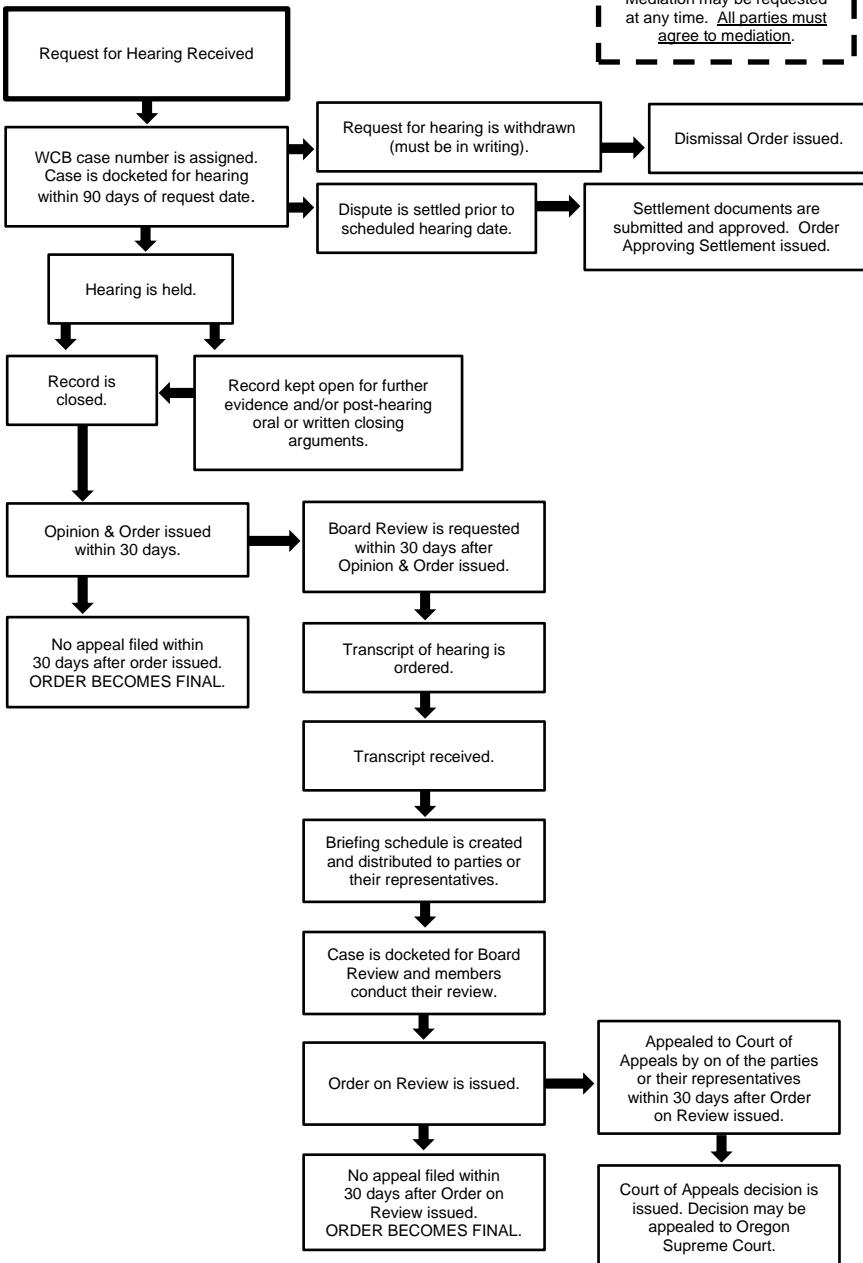
- File Requests for Hearing and Board Review.
- Receive immediate acknowledgment of receipt - with time and date stamp.
- Submit settlement documents electronically.
- Serve copies of filings to other parties.
- Access up-to-date case information.
- File an appearance notifying us of attorney representation.
- File a Response to Issues.
- Access your account and file requests 24-hours a day, 7-days per week.

WCB Portal processing tips:

- Keep your user lists and contacts lists up-to-date as your office staff changes.
- Access the WCB Case Status tab to see current information on all your cases.
- To serve copies of filings on other portal users, type the parties' names slowly in the box to enable the auto-selection feature to display, then select the party. This will link to their portal account.
- When uploading a settlement, you must check the box identifying the type of document you are uploading.

- On the Request for Hearing form, utilize the “comments” box at the bottom to provide any information not specifically identified on the form. Those comments will be in the ALJ’s file.
- To file a second request for hearing for a single claimant, such as in a responsibility case, find the case on your List Requests page, and hit the + icon. This will create a new form with the information already filled in, saving you some typing. Change the parties or issues as needed and submit.
- Upload your retainer agreement at the time you file a Request for Hearing.

Request for Hearing Flow Chart



Request for Hearing Form

The Request for Hearing form can be found on the Board's website at: <http://www.oregon.gov/wcb/Documents/wcbform/req4h5-2016.pdf>.

Before the
WORKERS' COMPENSATION BOARD
State of Oregon

Request Type:	<input type="checkbox"/> Initial <input type="checkbox"/> Supplemental <input type="checkbox"/> Amended <input type="checkbox"/> Consolidate w/WCB # _____						
Requested by:	<input type="checkbox"/> Atty/Claimant <input type="checkbox"/> Claimant <input type="checkbox"/> Insurer/Processor <input type="checkbox"/> Employer <input type="checkbox"/> DCBS						
In the Matter of the Compensation of _____ Request for Hearing and Specification of Issues _____							
Name _____	Date of Injury _____						
Address _____	Claim # _____ (only one claim number per form)						
Phone # _____	WCD File # _____						
Claimant's Attorney _____	Employer _____						
Oregon State Bar # _____	Address _____						
Attorney Firm _____	Insurer _____						
Address _____	Address _____						
Phone # _____							
Parties must notify WCB of any address changes							
A hearing is requested for the reason(s) checked below:							
<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> <input type="checkbox"/> A DENIAL (date) _____ <input type="checkbox"/> B Compensability - complete claim denial <input type="checkbox"/> X Partial denial after a claim acceptance <input type="checkbox"/> Z Challenge to notice of acceptance <input type="checkbox"/> V Worker noncooperation <input type="checkbox"/> K Aggravation <input type="checkbox"/> L Responsibility <input type="checkbox"/> C Medical services (ORS 656.245) </td> <td style="width: 50%;"> <input type="checkbox"/> N ORDER ON RECONSIDERATION attach copy <input type="checkbox"/> Y Classification (disabling/nondisabling) <input type="checkbox"/> I Premature closure <input type="checkbox"/> E Temporary disability Period sought _____ </td> </tr> <tr> <td> <input type="checkbox"/> M NONCOMPLYING EMPLOYER ORDER <input type="checkbox"/> O TEMPORARY DISABILITY <input type="checkbox"/> R Rate <input type="checkbox"/> D Period sought </td> <td> <input type="checkbox"/> H Permanent partial disability <input type="checkbox"/> G Permanent total disability <input type="checkbox"/> Q OTHER (Explain and cite ORS) <input type="checkbox"/> P DIRECTOR'S ORDER attach copy <input type="checkbox"/> S PENALTY (cite ORS) <input type="checkbox"/> T ATTORNEY FEE (cite ORS) <input type="checkbox"/> W COSTS </td> </tr> <tr> <td> <input type="checkbox"/> F SUPPLEMENTAL TEMPORARY DISABILITY (2nd Employer) Period sought _____ </td> <td></td> </tr> </table>		<input type="checkbox"/> A DENIAL (date) _____ <input type="checkbox"/> B Compensability - complete claim denial <input type="checkbox"/> X Partial denial after a claim acceptance <input type="checkbox"/> Z Challenge to notice of acceptance <input type="checkbox"/> V Worker noncooperation <input type="checkbox"/> K Aggravation <input type="checkbox"/> L Responsibility <input type="checkbox"/> C Medical services (ORS 656.245)	<input type="checkbox"/> N ORDER ON RECONSIDERATION attach copy <input type="checkbox"/> Y Classification (disabling/nondisabling) <input type="checkbox"/> I Premature closure <input type="checkbox"/> E Temporary disability Period sought _____	<input type="checkbox"/> M NONCOMPLYING EMPLOYER ORDER <input type="checkbox"/> O TEMPORARY DISABILITY <input type="checkbox"/> R Rate <input type="checkbox"/> D Period sought	<input type="checkbox"/> H Permanent partial disability <input type="checkbox"/> G Permanent total disability <input type="checkbox"/> Q OTHER (Explain and cite ORS) <input type="checkbox"/> P DIRECTOR'S ORDER attach copy <input type="checkbox"/> S PENALTY (cite ORS) <input type="checkbox"/> T ATTORNEY FEE (cite ORS) <input type="checkbox"/> W COSTS	<input type="checkbox"/> F SUPPLEMENTAL TEMPORARY DISABILITY (2 nd Employer) Period sought _____	
<input type="checkbox"/> A DENIAL (date) _____ <input type="checkbox"/> B Compensability - complete claim denial <input type="checkbox"/> X Partial denial after a claim acceptance <input type="checkbox"/> Z Challenge to notice of acceptance <input type="checkbox"/> V Worker noncooperation <input type="checkbox"/> K Aggravation <input type="checkbox"/> L Responsibility <input type="checkbox"/> C Medical services (ORS 656.245)	<input type="checkbox"/> N ORDER ON RECONSIDERATION attach copy <input type="checkbox"/> Y Classification (disabling/nondisabling) <input type="checkbox"/> I Premature closure <input type="checkbox"/> E Temporary disability Period sought _____						
<input type="checkbox"/> M NONCOMPLYING EMPLOYER ORDER <input type="checkbox"/> O TEMPORARY DISABILITY <input type="checkbox"/> R Rate <input type="checkbox"/> D Period sought	<input type="checkbox"/> H Permanent partial disability <input type="checkbox"/> G Permanent total disability <input type="checkbox"/> Q OTHER (Explain and cite ORS) <input type="checkbox"/> P DIRECTOR'S ORDER attach copy <input type="checkbox"/> S PENALTY (cite ORS) <input type="checkbox"/> T ATTORNEY FEE (cite ORS) <input type="checkbox"/> W COSTS						
<input type="checkbox"/> F SUPPLEMENTAL TEMPORARY DISABILITY (2 nd Employer) Period sought _____							

- INTERPRETER WILL BE NEEDED - Language: _____
- Amount in controversy is LESS than \$1000 (ORS 656.291).
- Compensation stayed (Carrier appeal of Order on Reconsideration).
- All day is required for hearing.
- Half day is required for hearing.

- | | |
|--|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

NOTICE TO OPPOSING PARTY:

The requesting party demands copies of all medical reports and all other documents pertaining to this claim regardless of whether the responding party intends to rely on them at hearing.

Signature of Requester _____

Date _____

Date Calculator Tool

The Date Calculator can be found on the Board's website at:
<http://www4.cbs.state.or.us/ex/wcb/datecalc/>.

Possible uses

- Allows requestor to estimate when a hearing may be scheduled or rescheduled.
- If your firm has unavailable dates in the future, you can use this tool to see what date the hearing request might be scheduled by WCB in order to remain timely. This would give you the option to hold off on filing the request to a possible set date when your firm is available.
- The tool allows you to see our deadline for a hearing to be set timely.

CALCULATION RESULTS:		
Begin Date:	4/19/17	{you entered}
End Date:	07/18/2017	{calculated}
Business End Date:	07/18/2017	{calculated}
Number of Days:	90	{you entered}

Enter any two of the three items below. Press 'Calculate' to calculate the third value

Begin Date (must be a valid date):	<input type="text" value="4/19/17"/>
End Date (must be a valid date):	<input type="text"/>
Number of Days (must be a valid whole number):	<input type="text" value="90"/> or choose a standard amount of days here: <input type="text" value="30 60 90 120 days"/>
<input type="button" value="Clear"/>	<input type="button" value="Calculate"/>

Directions

The first two entry fields are for dates and the third is for number of days.

- The “Begin” date is the date WCB will show as request received or date the last hearing set for postponed case being reset.
- The “End” date is the statutorily amount of time WCB has to set the case timely.
- The “Number of Days” value will tell you when you can expect the request or postponed hearing to be reset.

Disclaimer

The unavailable dates you provide will be honored whenever possible. However, we are bound by statutory timeframes when setting cases for hearing. New requests for hearing are set within 90 days of receipt. Cases where hearings postpone are reset within 120 days of the last hearing date.

Attorney Availability Form

The Attorney Availability form can be found on the Board's website at: <http://www.oregon.gov/wcb/hearings/Pages/atty-availability-form.aspx>.

The unavailable dates you provide will be honored whenever possible, especially when resetting postponed cases. However, when a new request for hearing is received, state law requires WCB to schedule it within 90 days. So, that hearing will be scheduled within the 90-day timeframe, even if it conflicts with an attorney's vacation. To avoid that happening, estimate 80 to 90 days ahead, which is when the case probably will be set. If the attorney is going to be unavailable during that time frame, try (consistent with statutory timelines) to send in the request for hearing sooner, or later, to avoid the conflict. For instance, if a request for hearing is received on July 10, the case probably will be set between Sept. 28 and Oct. 8. If the attorney is going to be unavailable from Oct. 5 through 15, the request should be received before July 7 or after July 17, if possible. [Date calculator tool](#)

Attorney availability

Attorney Name *	<input type="text"/>
Firm Name *	<input type="text"/>
Unavailable Dates *	<input type="text"/>
Email *	<input type="text"/>

*NOTE: Written confirmation is required, with copy to opposing party/attorney.

Administrative Law Judges (Sorted by ALJ last name)

Administrative Law Judge	Assigned Judicial Assistant
Toll-Free Number (in Salem) 1-877-311-8061	Toll-Free Number (in Portland) 1-866-880-2078
Medford (541) 776-6217	FAX (541) 776-6252
Smith, Bruce	Leah (541) 776-6217
Portland (971) 673-0900	FAX (971) 673-0902
Bethlahmy, Aliza	Justin (971) 673-0944
Brown, Ian	Tony (971) 673-0932
Cordes, Nick	Stacy (971) 673-0930
Fulsher, Elizabeth	Kendyl (971) 673-0941
Ilias, Halah	Niki (971) 673-0924
Otto, Darren	Tony (971) 673-0932
Pardington, Robert	Maggie (971) 673-0936
Riechers, Jill	Niki (971) 673-0924
Sencer, Nicholas	Maggie (971) 673-0936
Somers, Holly	Stacy (971) 673-0930
Wren, Geoffrey	Justin (971) 673-0944
Salem (503) 378-3308	FAX (503) 373-7742
Brown, Martha	Quinn (503) 934-0096
Fleischman, Trish	Quinn (503) 934-0096
Jacobson, Jacqueline (PALJ)	Victoria (503) 934-0104
Marshall, Monte (APALJ)	Andrea (503) 934-0099
Naugle, Greg	Christina (503) 934-0101
Quan, Van	Christina (503) 934-0101
Spangler, Kirk	Andrea (503) 934-0099

Rules to Remember

- **Exhibits**

OAR 438-005-0046(1)(i) allows for the filing of certain documents by fax, but specifically excludes exhibits and indexes.

- **Responsibility Cases**

Hearings postponed to join additional parties consistent with OAR 438-006-0064 are not subject to reset within 120 days. ORS 656.283(3)(b).

- **Postponements**

Under the rules, hearings shall not be postponed except upon a finding of “extraordinary circumstances.” Even if both parties agree they are working on a settlement, ALJs do not generally consider additional time to reach settlement as a basis for postponement under OAR 438-006-0081. When contacting an ALJ’s office, note the basis for consideration and the position of the other side. For example, is the request based on:

- a) Joining an additional party;
- b) Change in representation;
- c) Consolidation with another hearing date;
- d) Attorney has scheduling conflict;
- e) Parties unable to complete medical record prior to hearing;
- f) Parties did not receive notice of hearing;
- g) Inclement weather;
- h) Hearing needs more time, i.e., requires half-day or full-day set;
- i) Unavailable party or witness; or
- j) Change of venue requested (must be made in writing).

* Even if not opposed by the other side, do not assume a matter is postponed until you have received a ruling from the ALJ.

- **Docketing Timelines**

Hearings shall be scheduled within 90 days, but not less than 60 days, of the board receiving the initial request for hearing. OAR 438-006-0020; ORS 656.283(3)(a).

Postponed hearings will be reset within 120 days, but not less than 60 days, of the postponed hearing date. ORS 656.283(3)(a)(B).

- **Settlement Submissions**

Parties are no longer required to submit both an original and a copy of settlement documents. Parties need only submit a single copy of settlement documents. OAR 438-009-0015(5).

Parties are not required to submit settlement documents with original signatures. A copy of signed settlement documents may be submitted via fax or through the portal.

OAR 438-005-0046(4).

The party that requested the hearing shall notify the ALJ's office when a case is settled in whole or in part. OAR 438-009-0015(1).

The party that requested the hearing should notify the Hearings Division in writing when withdrawing a request for hearing.

OAR 438-006-0045.

- **Captions**

Consistent with OAR 438-005-0046(3), correspondence to the Hearings Division should include a caption with the following information:

- a) Claimant's name;
- b) WCB case number;
- c) Claim number;
- d) Date of hearing (if any); and
- e) Assigned ALJ (if any).

Board Review Tips

Questions Regarding Board Review Matters

You can reach Board Review at (503) 934-0103. Please leave a detailed message and the Board's staff will return your call.

File a Request for Board Review

You can hand-deliver your written request to any of WCB's staffed offices. The addresses for WCB's staffed offices are:

- WCB Salem - 2601 25th St. SE, Suite 150, Salem, OR 97302
- WCB Portland - 16760 SW Upper Boones Ferry Road, Suite 220, Portland, OR 97224
- WCB Medford - 115 W Stewart Ave., Suite 102, Medford, OR 97501

or do one of the following:

- Fax your request to (503) 373-1684
- Email your request to request.wcb@wcb.oregon.gov
- File your request by way of the WCB Portal

File a Request for an Extension

Briefing extensions can be filed using any of the following methods:

- Fax your request to (503) 373-1684
- US Postal Mail
- Email your request to request.wcb@wcb.oregon.gov
- Hand delivered to any WCB staffed office. (See OAR 438-005-0046(1)(a), (e), (f), (h), (i)).

The following information must be included in the extension request:

- The “extraordinary circumstances” supporting the extension request;
- The position of the other party(ies); and
- Must be timely filed (submitted on or before date brief is due). (See OAR 438-011-0020(3)).

Extensions are typically processed within 24 hours of receipt. You can expect a letter to be mailed via USPS the following business day. As such, be sure to allow 2-3 days for the mail to reach you before contacting the Board regarding its status.

Claim Disposition Agreement (CDA) Tips

Filing a Claim Disposition Agreement

CDAs can be filed using any of the following methods:

- WCB Portal, if the CDA is filed via the Portal the original does not need to be mailed to the Board.
- US Postal Mail
- Hand delivered to any WCB staffed office.

Filing a CDA Addendum

Addendums can be submitted using any of the following methods:

- WCB Portal
- Fax your addendum to (503) 373-1684
- US Postal Mail

Notes:

Notes:

Notes:



Workers' Compensation Board
2601 25th St. SE
Salem, OR 97302-1280

Phone: (503) 378-3308