

BEFORE THE WORKERS' COMPENSATION BOARD

STATE OF OREGON

In the Matter of the Compensation)	WCB Case No. _____
)	Claim No. _____
of)	DOI: _____
)	WCD File No. _____
)	
_____, Claimant)	REQUEST FOR BOARD REVIEW

_____ requests Board review of ALJ _____'s
order dated _____. Review is requested because _____
_____.

Payment of compensation awarded by the ALJ's order will / will not
be stayed under ORS 656.313.

Dated this _____ day of _____, 20_____.

Attorney for _____

[Also attach certificate of service by mail, fax, or e-mail.]