

Suspension Request Checklist

Claim Number: _____ Worker's Name: _____

Request submitted by: _____ Phone Number: _____

The non-cooperative behavior is as follows:

Attempts to avoid non-cooperation:

- Phone call made to worker/attorney discussing non-cooperative behavior and explaining consequences. **ATTACH COPY OF ALL LOGGED PHONE CALLS**
- Informal letter sent recapping conversation. **ATTACH COPY**

Requirements:

- Formal non-cooperation letter sent to the worker. **ATTACH COPY**
 - An explanation of the problem, including specific actions expected of the worker.
 - Request that the worker provide the reasons for the non-cooperation.
 - Notice that benefits may be suspended or reduced as a result of the non attendance, with [RCW 51.32.110](#) either cited or paraphrased.
 - A request for the worker's explanation of good cause within 30 calendar days of the letter.

Worker Response:

- The worker did not respond to the request for good cause.
- The worker responded but didn't show good cause. **ATTACH COPY OF WORKER RESPONSE**

Request:

- I request the department issue an order to suspend the following benefits under this claim:
 - Time-loss/LEP
 - Medical
 - Vocational
 - All benefits

If you have any questions and don't know the self-insurance adjudicator's name and contact information, call the receptionist at 360-902-6901.