

# Interlocutory Extension Request Coversheet

Worker's Name: \_\_\_\_\_ Claim Number: \_\_\_\_\_

Request submitted by: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_

**Request:**

- I request a 30-day extension to a previously issued interlocutory order.
- I request a second 30-day extension to a previously issued interlocutory order.
- I request a third 30-day extension to a previously issued interlocutory order (occupational disease claims only).

**Reason for interlocutory extension request:**

- IME addendum is needed
- IME has been scheduled/rescheduled - Date of IME \_\_\_\_\_
- Prior (requested) medical records not received
- Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Claim Manager Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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