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| http://inside.lni.wa.gov/Director/resources/GraphicIdentity/BlackPrint.pngMail or Fax to:Vocational Dispute Resolution OfficePO Box 44880Olympia WA 98504Fax: (360)902-9100 | **Vocational Dispute Form** |

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| Workers Name:      | Claim Number:      |

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| **Claim Information** |
| DisputingParty |
| [ ]  Worker | [ ]  Worker’s Representative | [ ]  Employer | [ ]  Employer’s Representative |
| Name:      |
| Law Firm Name (if applicable):      |
| Employer’s Representative (if applicable):      |
| Vocational Outcome:      |

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| **Dispute Issues** |
| Skills/Aptitudes:      |
| Medical (physical/mental):      |
| Labor Market:      |
| Other:      |

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| Signature | Printed Name      | Date      |