

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

REHAB OBJECTION

Instructions: Use this form to object to Forms WC-R1, WC-R1CATEE, WC-R2A, or WC-R3. This form must be filed 20 days from the date of the certificate of service.

Board Claim No.	Employee Last Name	Employee First Name	M.I.	Date of Injury
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A. IDENTIFYING INFORMATION						
EMPLOYEE	County of Injury		Mailing Address			
	Employee E-mail		Phone Number	City	State	Zip Code
EMPLOYER	Name		INSURER/ SELF-INSURER			
	Mailing Address		CLAIMS OFFICE			
City		State	Zip Code	Mailing Address		
Employer E-mail			City	State	Zip Code	
Phone Number			Claims Office E-mail		Phone Number	
ATTORNEY FOR EMPLOYEE /CLAIMANT	Name		ATTORNEY FOR EMPLOYER/INSURER			
	Address		Address			
City		State	Zip Code	City	State	Zip Code
GA Bar Number			GA Bar Number			
Attorney E-mail			Attorney E-mail			

B. OBJECTION TO:	
*** An argument must be attached in support of your position ***	
Submitted By: <input type="checkbox"/> Claimant <input type="checkbox"/> Employer/Insurer (Check One)	
<input type="checkbox"/> 1. WC-R1	<input type="checkbox"/> 2. WC-R1CATEE
<input type="checkbox"/> 3. WC-R2	<input type="checkbox"/> 4. WC-R2a
<input type="checkbox"/> 5. WC-R3	

C. CERTIFICATE OF SERVICE		
<input type="checkbox"/> I hereby certify that I have today sent a copy of this form to all of the parties named above and to any/all involved rehabilitation suppliers, and have sent this form to the State Board of Workers' Compensation, 270 Peachtree Street, NW, Atlanta, Georgia 30303-1299		
Print Name	Signature	Date
Phone Number and Ext	E-Mail	

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbcw.georgia.gov>

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).