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

A. IDENTIFYING INFORMATION

EMPLOYEE	County of Injury		Mailing Address		
Employee E-mail	Phone Number		City	State	Zip Code
EMPLOYER	Name		**INSURER/ SELF-INSURER**	Name	
Mailing Address			**CLAIMS OFFICE**	Name	
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**	Name	
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: ☐ Claimant ☐ Employer/Insurer (Check One)

☐ 1. WC-R1	☐ 2. WC-R1CATEE
☐ 3. WC-R2	☐ 4. WC-R2a
☐ 5. WC-R3	

C. CERTIFICATE OF SERVICE

☐ 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.sbwc.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).