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## North Dakota Legislative Council

STATE CAPITOL, 600 EAST BOULEVARD, BISMARCK, ND 58505-0360 (701) 328-2916 TTY: 1-800-368-6888

August 5, 2009

Dear Injured Employee:

Thank you for your interest in having the Legislative Management's Workers' Compensation Review Committee review your claim. In order to be eligible to have the committee review your claim, the law requires that you must:

1. Be an injured employee or the survivor of a deceased injured employee;
2. Have received a final determination regarding a North Dakota workers' compensation claim;
3. Have exhausted the administrative and judicial appeal process or the period for appeal must have expired;
4. Have signed the enclosed *Release of Information and Authorization*; and
5. Have a workers' compensation-related issue that you believe supports a change in the state's workers' compensation laws.

Enclosed is the form *Release of Information and Authorization*, a copy of North Dakota Century Code Section 54-35-22 (the law creating the Workers' Compensation Review Committee), and the form *Review Issue Summary*.

Please mail or deliver completed forms to:

Workers' Compensation Review Committee  
Legislative Council  
State Capitol  
600 East Boulevard Avenue  
Bismarck, ND 58505-0360  
ATTN: Jennifer S. N. Clark

Upon receipt of the completed *Release of Information and Authorization*, we will determine whether you meet the requirements to have a claim reviewed by the committee.

A Legislative Council staff member will contact you regarding the status of your request for review. If you meet the requirements and your request for review of a claim is accepted for review by the committee, please remember that this committee is **NOT** authorized to adjudicate claims and is **NOT** a forum for appeal. The committee will **NOT** change any existing decisions of Workforce Safety and Insurance. If your request for review of a claim is accepted for review by the committee, you and your representative will be placed on the committee's agenda for a future meeting in order to provide testimony to the committee.

If your request for review of a claim is accepted for review by the committee, an independent and neutral representative of Workforce Safety and Insurance will contact you. This representative will provide you with assistance in reviewing your records and summarizing your case. Completion and return of the *Review Issue Summary* is optional but will help the representative of Workforce Safety and Insurance prepare a summary of your records.

Even though the committee may determine your claim is eligible for review, you should not consider this determination as having any effect on your claim or your ability to appeal. You may want to contact a private attorney if you think you have a legal basis for pursuing your claim.

Please recognize that if the committee reviews your claim, the committee may discuss your claim at more than one meeting. The Legislative Council will provide you with notice of upcoming Workers' Compensation Review Committee meetings and with minutes of committee meetings.

Please contact the Legislative Council office if you need additional copies of any of these forms. Copies of these forms are available online at [www.legis.nd.gov/council/documents/wcapapplications.html](http://www.legis.nd.gov/council/documents/wcapapplications.html).

Sincerely,

A handwritten signature in black ink that reads "Dan Ruby". The signature is stylized with a large, looped "D" and a cursive "Ruby".

Representative Dan Ruby  
Chairman

Workers' Compensation Review Committee