

Oklahoma Workers Compensation Court

<http://www.owcc.state.ok.us/index.htm>

All PDF files require [Adobe Acrobat Reader 7.0](#) or higher in order to view, print and/or fill out properly. (To get the free Acrobat Reader click the link provided.)

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Benefits and Rate Charts:

NOTICE: These benefit and rate charts are only guides. They are based on the law in effect when the charts were last revised. Readers are encouraged to refer to the official edition of the Oklahoma Workers' Compensation Act published by West Group, and to stay current with periodic legislative and Court rule changes which may affect benefit computation.

[Death Benefit Charts](#)

[PPD Rate Charts 09-93 to 10-93.pdf*](#)

[PPD Rate Charts 11-93 to 10-96.pdf*](#)

[PPD Rate Charts 11-96 to 10-99.pdf*](#)

[PPD Rate Charts 11-99 to 12-01.pdf*](#)

[PPD Rate Charts 01-02 to 10-02.pdf*](#)

[PPD Rate Charts 11-02 to 12-02 rev 12-01-03.pdf*](#)

[PPD Rate Charts 01-01-03 to 10-31-05.pdf*](#)

[PPD Rate Charts 11-05 to 10-08.pdf*](#)

[PPD Rate Charts 11-1-08 to 10-31-09.pdf](#)

[PPD Rate Charts 11-1-09 to 10-31-10.pdf](#)

Rules and Statutes:

[Administrator Rules.pdf*](#)

[Court Rules effective February 7, 2008.pdf*](#)

[Title 85 and Court Rules](#)

Medical

[Case Managers Directory.pdf*](#)

[IME Specialty List.pdf*](#)

[Vocational Rehabilitation Counselors.pdf*](#)

[2005, 2006, 2008 and 2010 Schedule of Medical and Hospital Fees](#)

Court Forms

The following table contains the most current version of the Court's forms. The previous version of a particular form is available from the Court's Records Department, 1915 N. Stiles Avenue, Oklahoma City, OK 73105-4918, upon written request therefor.

Form No.	Title	Mandatory Form Color	File
	Instructions for the use of PDF forms on OSCN.		HTML
1A	Oklahoma Workers' Compensation Notice and Instruction to Employers and Employees. 7/05	Peach	PDF
1A	A Viso E Instruccion Para Todos Los Empleados Y Empleadores Sobre La Compensacion Para Los Trabajadores De Oklahoma. 08/05	Tan	PDF
1B	Employer's Application for Permission to Carry Its Own Risk Without Insurance. 07/07 (three page form)		PDF
1X	Compromise Settlement. 2/06		PDF
CCS	Certificate to Settle by Compromise Settlement. 7/05		PDF
2	Employer's First Notice of Injury. 2/06		PDF
3	Employee's First Notice of Accidental Injury and Claim for Compensation. 2/06	Yellow	PDF
3A	Claimant's First Notice of Death and Claim for Compensation. 2/06	Gold	PDF
3B	Employee's First Notice of Occupational Disease and Claim for Compensation. 2/06	Gray	PDF
3E	Employee's Claim for Benefits for Combined Disabilities Against the Last Employer 2/06	Turquoise	PDF
3F	Employee's Claim for Benefits From Multiple Injury Trust Fund. 2/06	Tan	PDF
4	Treating Physician's Report and Notice of Treatment. 2/06		PDF
4A	Treating Physician's Progress Report. 2/06		PDF
5	Physician's Report on Release and Restrictions. 4/06		PDF
7	Designation of Service Agent. 10/09		PDF
9	Motion to Set for Trial. 3/08		PDF
10	Answer and Pretrial Stipulation Offered by Respondent. 1/07	Green	PDF
10A	Respondent's Response to Claimant's Form A Application For Change of Physician. 2/06	Blue	PDF
10M	Response to Request for Payment of Charges for Medical or Rehabilitation Services. 2/06	Ivory	PDF
13	Request for Prehearing Conference. 3/08		PDF
14	Agreement Between Employer and Employee as to Fact with Relation to an Injury and Payment of Compensation. (For injuries occurring before 7/1/05) 2/06		PDF
17	Disclosure Statement. 2/06		PDF

Form No.	Title	Mandatory Form Color	File
18	Request For Administrative Review of Disputed Medical Charges. 2/06	Orchid	PDF
19	Request for Payment of Charges for Medical or Rehabilitation Services/ Notice of Appeal of Administrative Order. 2/06		PDF
20	Proof of Loss for Spouse and Children. 2/06	Blue	PDF
26	Memorandum of Agreement as to Fact with Relation to an Injury and Payment of Disability Compensation. (For injuries occurring after 6/30/05) 2/06		PDF
93	Application and Order for Leave to Withdraw as Attorney of Record. 2/06		PDF
99	Pauper's Affidavit. 2/06 (two-sided form)		PDF
100	Claimant's Application and Order for Dismissal. 2/06		PDF
463	Application for Physicians Seeking Appointment as an Independent Medical Examiner. 2/06		PDF
626	Application for Medical Case Manager 2/06		PDF
862	Application for Vocational Rehabilitation Evaluator. 11/01		PDF
A	Claimant's Application for Change of Physician and Request for Hearing. 2/06		PDF
A - Order	Order for Change of Treating Physician. 5/06		PDF
JP	Joint Petition. 3/08		PDF
CJP	Certificate to Joint Petition. 2/06		PDF
926	Mediator Application		PDF
	Appointment of Independent Physician or Rehabilitation Evaluator. 08/02		PDF
	Copy Request Form. 3/10		PDF
	Vendor Maintenance Form 08/10		PDF
	Request for Court Forms 5/08		PDF
	Request for Independent Medical Examiner, Rehabilitation Evaluator or Medical Case Manager		PDF
	Prior Claims Request Form 2/06		PDF