Washington State Department of Labor & Industries

Interlocutory Request

Self-Insurance
PO Box 44892
Olympia WA 98504-4892

Fax: 360-902-6900

Injured Worker Name	Claim Number	
Injured Worker Address		
City	State	Zip Code
Date of Injury or Manifestation	Date Form Completed	
Employer Name	UBI	Account ID
Prepared By	Preparer Phone Number (include extension if needed)	

Date SIF-2 and PIR was Received

Please ensure the completed SIF-2 is attached with this form. This must be date stamped (RCW 51.32.190).

Date SIF-2 was Received	Date PIR was Received

Initial Interlocutory Request Reasons

Must be received within 60 days of notice of claim with a reasonable explanation why an interlocutory order is needed. Please attach a copy of the complete claim file.

Type of Claim	Provisional Compensation Paid?
☐ Specific Injury ☐ Occupational Disease ☐ Hearing Loss ☐ Unknown	☐ Yes ☐ No

Extension of the Interlocutory Request Reasons

The department will consider an extension of an interlocutory order if a reasonable explanation is provided. An extension may be granted up to 120 days from notice of claim for injury claims and up to 150 days for occupational disease claims. Please attach an updated copy of the claim file with each request.

Attending Provider Information or Update

Please provide the current attending provider information.

Attending Provider Name	Attending Provider's Phone Number	
Attending Provider's Address		
City	State	Zip Code

Translation for Communicating the Decision

It is necessary the Employer and the Department ensure a means of communication to all parties per WAC 296-15-350.

Does the worker have a preferred language other than English? ☐ Yes ☐ No	If "Yes", what is the preferred language?