

## RIGHTS AND RESPONSIBILITIES FOR EMPLOYEES AND EMPLOYERS-

This Office of Workers' Compensation Administration's Rights and Responsibilities brochure is sent in compliance with Title 23 of the L.S.A.-R.S. §1307. For questions, please contact: Records Management, Office of Workers' Compensation Administration (OWCA), Louisiana Workforce Commission (LWC), 1001 N 23rd St, Room G28, PO Box 94040, Baton Rouge, LA 70804-9040  
800-201-3457 toll free; 225-342-7565 phone; 225-342-7582 fax

### WHAT IS WORKERS' COMPENSATION?

Workers' compensation is a legal remedy whereby an employee who is injured on the job may be entitled to certain benefits. The benefits can include medical care for the injury, indemnity wage benefits, vocational rehabilitation services, and/or death benefits. These benefits are the obligation of the employer and are paid directly to the employee by the employer or its workers' compensation insurer. Every employer, unless statutorily exempted, is responsible for the medical care and the payment of indemnity wage benefits to any employee who is injured while in the course and scope of his or her employment.

### WHO IS COVERED BY THE WORKERS' COMPENSATION LAW?

Most employees in Louisiana are covered from the day they start employment. Employees may be full-time, part-time, seasonal, or minors. Subcontractors and certain independent contractors may be considered employees if they are involved in the pursuit of the employer's trade, business or occupation or if they are performing substantial manual labor. The law does contain some limited exemptions. Domestic employees, most real estate salespersons, uncompensated officers and directors of certain non-profit organizations, and public officials are specifically exempted. Most volunteer workers would not be entitled to benefits.

Employers are required to have workers' compensation insurance or to be approved to self-insure. If any employee has reason to believe that his or her employer is not covered or if the employer requires an employee to pay for or purchase a workers' compensation insurance policy, this violation should be reported to the Office of Workers' Compensation Administration (OWCA) Fraud & Compliance section at toll free 1-800-201-3362.

Within 10 days of actual knowledge of an on the job injury resulting in death or lost time in excess of one week, the employer must report the injury to their insurer on a Form LWC-WC IA-1 (First Report of Injury or Illness). The insurer will then submit the report to the OWCA. Any employer that fails to report such an injury to its workers' compensation insurer or to the OWCA is subject to a penalty for failure to do so.

### THE OFFICE OF WORKERS' COMPENSATION ADMINISTRATION

The Office of Workers' Compensation Administration (OWCA) was created in 1983 within the Louisiana Department of Labor (now the Louisiana Workforce Commission) to administer the provisions of the Louisiana Workers' Compensation Act. The OWCA investigates allegations of fraud; monitors compliance with the requirement that employers insure their workers' compensation obligation; compiles information regarding workers' compensation claims; resolves disputes over the necessity, advisability, and cost of hospital care or services, as well as conflicts concerning medical, surgical and

non-medical treatment; provides Occupational Safety & Health Administration (OSHA) consultation services; and assists Louisiana employers in the development and implementation of a safety management plan in their workplace. The OWCA, however, does not pay any benefits to employees as a result of a covered on the job injury.

The OWCA has exclusive original jurisdiction to resolve disputes in workers' compensation matters. There are ten district offices located throughout the state (see attached list) where disputed claims for compensation are filed and which provide the framework for the resolution of disputes regarding claims for benefits, the entitlement to benefits, or other relief under the Louisiana Workers' Compensation Act.

#### WHAT INJURIES ARE COVERED BY THE WORKERS' COMPENSATION LAW?

The law covers both mental and physical injuries from either accidents or occupational diseases. However, a mental injury must be the result of a physical injury or of a sudden, unexpected and extraordinary stress related to the employment and in either case must be proved by clear and convincing evidence. An accident is defined by the Louisiana Workers' Compensation Act as an unexpected or unforeseen actual, identifiable, precipitous event happening suddenly or violently, with or without human fault, and directly producing at the time objective findings of an injury which is more than simply a gradual deterioration or progressive degeneration. An occupational disease is defined by the Louisiana Workers' Compensation Act as only that disease or illness which is due to causes and conditions characteristic of and peculiar to the particular trade, occupation, process, or employment in which the employee is exposed to such disease.

The event causing the injury must arise out of and be within the course and scope of the employee's employment. Generally, the fault of the employer or employees does not affect the compensability of an injury. However, no compensation may be allowed if the injury was caused by the employee's willful intention to injure himself/herself or others; or by the injured employee's intoxication at the time of the injury, unless resulting from activities in pursuit of the employer's interests or from activities in which the employer procured and encouraged the use of the beverage or substance. An employee may not be entitled to benefits if he is the aggressor in an unprovoked physical altercation. The employee may not be entitled to benefits if it is determined that he/she was a participant in "horseplay" at the time that the injury occurred.

#### HOW ARE INDEMNITY BENEFITS PAID?

An employee who suffers a covered injury may be entitled to weekly/monthly indemnity benefits if the injury prevents the employee from returning to work for more than seven calendar days. The first installment of benefits payable for Temporary Total Disability (TTD), Permanent Total Disability (PTD) or death shall become due on the fourteenth day after the employer or insurer has knowledge of the injury or death. No compensation shall be paid for the first week after the injury occurs unless the disability from the injury continues for two weeks or longer after the date of the accident. This "waiting period" indemnity payment shall be paid after the first two weeks have elapsed.

During the period of Temporary Total Disability (TTD), the employer or its workers' compensation insurer is responsible for the payment of indemnity benefits to the employee in an amount equal to sixty-six and two-thirds percent of the employee's average weekly wage, subject to a maximum/minimum benefit amount set by the OWCA. Maximum/minimum indemnity benefits are determined according to the date of the accident causing the injury and are not adjusted annually for increases or decreases in the maximum/minimum benefit amount set by the OWCA. (See attached list).

An employee who suffers a covered injury may be entitled to Supplemental Earnings Benefits (SEB) if that employee is able to return to work, but is unable to earn at least ninety percent of the pre-injury wage. Supplemental Earnings Benefits are calculated as sixty-six and two-thirds percent of the difference between the pre-injury average monthly wages and the average monthly wage the employee is capable of earning, subject to the maximum/minimum benefit amount set by the OWCA. Supplemental Earnings Benefits are payable on a monthly basis unless the employee is not receiving any income from employment or self-employment and the employer has not established earning capacity. In that case, the employee may be paid weekly SEB. In either case, SEB is payable for a maximum of 520 weeks including the time for which other indemnity benefits were paid.

If the employee dies within two years of the last treatment as the result of any job-related accident, his or her surviving spouse and/or dependent child(ren) (or other dependents) may be entitled to weekly indemnity benefits pursuant to the Louisiana Workers' Compensation Act. If there are no surviving dependents, the employee's surviving parents are entitled to a one-time benefit of \$75,000 each. The employer or its workers' compensation insurer shall also pay, in addition to any other benefits, reasonable expenses of the burial of the employee, not to exceed \$8,500.

An employee is entitled to a one-time payment of \$50,000 if the injury is determined to be catastrophic. Only the following injuries shall be considered injuries which are catastrophic: Paraplegia or quadriplegia or the total anatomical loss of both hands, both arms, both feet, both legs, both eyes, or one hand and one foot, or any two thereof. Functional loss or loss of use shall not constitute anatomical loss.

If the employee applies for and subsequently receives Social Security disability benefits, employer-provided disability plan benefits, or Social Security Old Age Retirement benefits, his or her workers' compensation indemnity benefits may be reduced in accordance with the Louisiana Workers' Compensation Act. This is not a simple dollar for dollar reduction and must be calculated individually according to the employee's circumstance. In addition, an employee is not entitled to receive workers' compensation indemnity benefits and unemployment insurance benefits at the same time.

On the same day as the first payment of indemnity is made to the employee or **on or before** the effective date of any modification (which may include a change from TTD to SEB benefits), suspension, termination, or controversion of indemnity/medical benefits, a Form LWC-WC 1002 (Notice of Payment, Modification, Suspension, Termination, or Controversion of Compensation or Medical Benefits/Notice of Disagreement) shall be completed by the employer/payor and sent to the injured employee by certified mail, and to the employee's attorney, if applicable, by facsimile. The employer/payor shall also send a copy of the Form LWC-WC 1002 to the OWCA within 10 days from the date the original Form LWC-WC 1002 was sent to the injured employee. Any subsequently completed Form LWC-WC 1002 shall be sent to the OWCA on the same day as the original notice was sent to the injured employee and/or employee's representative.

Any injured employee or employee's representative who disagrees with any information provided on the Form LWC-WC 1002 (Notice of Payment, Modification, Suspension, Termination, or Controversion of Compensation or Medical Benefits) shall notify the employer/payor of the basis for disagreement by completing the Notice of Disagreement portion of the Form LWC-WC 1002 and returning it with the original Form LWC-WC 1002 (Notice of Payment, Modification, Suspension, Termination, or Controversion of Compensation or Medical Benefits) attached thereto, to the employer/payor via mail or facsimile, or by a letter of amicable demand, stating the nature of benefits and amounts of compensation asserted to be correct.

If the employer/payor does not provide the benefit that the employee and/or employee's representative claims is due within seven days, the employee may file a new Form LWC-WC 1008 (Disputed Claim for Compensation) or amend a pending disputed claim. Once the Form LWC-WC 1008 is filed, the employer/payor may in its answer request a preliminary determination hearing with the Workers' Compensation Judge. Failure to request a preliminary determination will result in the disputed claim being set for a trial on the merits.

The Form LWC-WC 1002 (Notice of Payment, Modification, Suspension, Termination, or Controversion of Compensation or Medical Benefits/Notice of Disagreement) does not apply to issues concerning the necessity of recommended medical treatment under La. R.S. 23:1203.1 and the Medical Treatment Schedule. A copy of the Form LWC-WC 1002 (Notice of Payment, Modification, Suspension, Termination, or Controversion of Compensation or Medical Benefits/Notice of Disagreement) is attached and also is available at <http://www.laworks.net/Downloads/OWC/1002form.pdf>.

#### HOW ARE MEDICAL BENEFITS PAID?

An employee has the right to select one doctor of his or her choice in each specialty field for treatment of the job-related injury. The employer or its workers' compensation insurer is required to pay all approved necessary expenses for medical treatment and all reasonably and necessarily incurred travel to obtain treatment. Medical benefits payable under the Louisiana Workers' Compensation Act shall be paid within 30 days after the employer or its workers' compensation insurer receives written notice thereof, or within 60 days if the provider of medical services is not utilizing the electronic billing rules and regulations provided for in R.S. 23:1203.2. An itemized list of out of pocket medical expenses and receipts paid by the employee should be sent to the employer or its workers' compensation insurer for reimbursement.

Any non-emergency medical services over \$750 and any non-emergency hospitalization must be pre-approved by the employer or its workers' compensation insurer. The healthcare provider seeking authorization to exceed the \$750 statutory limit for medical services must submit a request for such authorization to the employer or its workers' compensation insurer on an Form LWC-WC 1010 (Request of Authorization/Carrier or Self Insured Employer Response). The Form LWC-WC 1010 and all supporting medical documentation are to be faxed to the employer or its workers' compensation insurer and/or the designated utilization review representative. Within five business days of receipt of the Form LWC-WC 1010 and the supporting documentation from the healthcare provider, the employer or its workers' compensation insurer will issue a response of either approval, denial, or approval with modification of the requested treatment on the Form LWC-WC-1010 and return the form to the requesting healthcare provider. Failure to act on behalf of the employer or its workers' compensation

insurer within five business days of receipt of the Form LWC-WC 1010 will be deemed a tacit denial of the request for treatment and this denial may be reviewed by the OWCA Medical Director.

The employer or its workers' compensation insurer and/or utilization review representative may initiate the Form LWC-WC-1010A (First Request) when the medical documentation submitted with the Form LWC-WC-1010 does not sufficiently provide the necessary information to complete the review of the requested medical services. The healthcare provider must then respond to the request for additional information within 10 business days from receipt of the Form LWC-WC-1010A. Failure to act on behalf of the healthcare provider within the 10 business days of receipt of the Form LWC-WC 1010A will be deemed a tacit withdrawal of the request for authorization of treatment.

Any request for review by the OWCA Medical Director shall be filed on a Form LWC-WC 1009 (Disputed Claim for Medical Treatment). The Form LWC-WC 1009 must be filed within 15 calendar days of the date of denial by the employer or its workers' compensation insurer or the date the denial is received. A copy of the completed Form LWC-WC 1009 must be mailed to all involved parties.

The Form LWC-WC 1009 must be accompanied by a copy of the Form LWC-WC 1010 (and Form LWC-WC 1010A, if applicable), a copy of the peer review denial from the employer and/or its workers' compensation insurer, and a copy of the medical records substantiating the medical necessity of the requested treatment. Any incomplete Form LWC-WC 1009 or a completed Form LWC-WC 1009 that is not submitted with the supporting documentation will be rejected and returned to the requesting party.

Within 30 days after receipt of the Form LWC-WC 1009 and supporting documentation, the OWCA Medical Director will determine whether the treatment prescribed by the healthcare provider is in accordance with the Louisiana Workers' Compensation Medical Treatment Guidelines. Any party feeling aggrieved by the determination of the OWCA Medical Director shall seek a judicial review by filing a Form LWC-WC 1008 (Disputed Claim for Compensation) with the appropriate OWCA district office within 15 days of the date of said determination is mailed to the parties. The filed Form LWC-WC 1008 shall include a copy of the Form LWC-WC 1009, and a copy of the determination of the OWCA Medical Director. A party filing such appeal must simultaneously notify the other party that an appeal of the medical director's decision has been filed. The determination of the OWCA Medical Director may be overturned if it is shown by clear and convincing evidence that the determination was not in accordance with the provisions of the Louisiana Workers' Compensation Medical Treatment Guidelines.

#### WHAT IS AN INDEPENDENT MEDICAL EXAMINATION (IME)?

In the event that there are opposing medical opinions regarding claimant's condition or capacity to work, the Office of Workers' Compensation Administration will appoint an independent medical examiner of the appropriate licensure class to examine the claimant, or review the medical records at issue. The expense of this examination will be set by the director and will be borne by the carrier/self-insured employer.

#### WHAT IF A PROBLEM DEVELOPS WITH A CLAIM?

An employee, who has a problem with his or her claim, should first contact the employer or its workers' compensation insurer. If the employee and the employer (or the employer's workers' compensation insurer) are unable to resolve the problem, either party has the right to request a mediation conference with an Office of Workers' Compensation mediator who is a licensed attorney specially trained in the

mediation process with knowledge of resolution techniques and experienced in Louisiana workers' compensation law. For more information on the right to a mediation conference, please refer to the Mediation Rights form which is attached and also is available at <http://www.laworks.net/downloads/owc/MediationRightsForm.pdf>.

If the problem does not resolve at the mediation conference, an employee should contact the nearest OWCA district office to file a Form LWC-WC 1008 (Disputed Claim for Compensation). The district office can provide the employee with a Form LWC-WC 1008 or that form is also available for download at <http://www.laworks.net/Downloads/OWC/1008form.pdf>. A filing fee of \$50 plus any applicable service fees are charged at the time of filing. If the employee is unable to afford these fees, a request may be made for approval by the Workers' Compensation Judge to proceed without paying costs in advance. An employee may consult an attorney if he or she wishes, but it is not required. If an employee hires an attorney, the employee can be charged up to twenty percent of the amount recovered plus the attorney's expenses. These fees and expenses may be deducted from the employee's indemnity payments. The local bar association may be able to recommend an attorney who is experienced in workers' compensation.

The employer (or its workers' compensation insurer) also shall be permitted the right to file a Form LWC-WC 1008 (Disputed Claim for Compensation) to controvert benefits or concerning any other dispute arising under the Act.

#### WHEN SHOULD THE FORM LWC-WC 1008 (DISPUTED CLAIM FOR COMPENSATION) BE FILED?

There are separate time limits for filing claims for medical and indemnity benefits. Filing a claim for one type of benefit usually does not stop the clock from running on any other type of benefit.

Claims for medical benefits generally must be filed within one year of the date of the accident causing the injury. If the employer or its workers' compensation insurer has paid medical expenses, the period for asserting a claim is extended for three years from the last payment of a medical benefit.

Claims for indemnity benefits, often called weekly benefits, generally must be filed within one year of the date of the accident causing the injury. If the employer or insurer has paid indemnity benefits, the employee may still assert a claim for Temporary Total Disability (TTD), Permanent Total Disability (PTD), or Permanent Partial Disability (PPD) benefits if done within one year after the last payment of indemnity benefits.

Claims for Supplemental Earnings Benefits (SEB) may be made for up to three years after the last payment of any claim of indemnity benefits.

Claims for occupational diseases, including carpal tunnel, may be filed up to one year from the date of knowledge of the disease, related disability, or a reasonable belief that the disease is work related, whichever occurs last.

#### MAY I SETTLE MY CLAIM?

You may enter into a lump sum or compromise settlement upon agreement of all of the parties and with the approval of the Workers' Compensation Judge, provided that, (a) the settlement is clearly in the best

interest of all of the parties, and (b) six months have passed since the end of Total Temporary Disability (TTD). However, the six months waiting period may be waived by the consent of the parties.

#### AM I ENTITLED TO MY OLD JOB?

An employer may not be required to hold a job open for you while you are unable to perform the duties of your job or to create a new job for you when you are able to return to work. However, your employer cannot terminate your employment solely because you filed a workers' compensation claim.

#### WHAT IF I CANNOT RETURN TO MY OLD JOB?

Under certain circumstances, you may qualify for vocational rehabilitation. An employee who is unable to earn wages equal to the wages he was earning before his workers' compensation accident is entitled to prompt vocational rehabilitation services. The goal of vocational rehabilitation is to return the employee back to work as soon as possible after the injury occurs with a minimum amount of retraining if deemed necessary. The employer is responsible for selecting a licensed professional vocational rehabilitation counselor to evaluate and assist the employee in job placement or vocational retraining.

Appropriate options to consider when returning an employee back to work at the earliest possible moment are: (1) return the employee to the same position; (2) return the employee to a modified position; or (3) return the employee to a related occupation suited to the employee's education and marketable skills. Whenever possible, employment in the employee's local job pool must be considered and selected prior to consideration of employment in a worker's statewide job pool. If all of the previous options fail, a vocational rehabilitation counselor may seek on-the-job training for the employee, as well as a minimum amount of retraining or self-employment.

When it does appear that retraining is necessary and desirable to restore the employee to suitable gainful employment, the employee shall be entitled to reasonable and proper retraining not to exceed 26 weeks. The request for retraining must be made and begun by the employee within two years from the date of termination of temporary total disability as determined by the treating physician. The employee's retraining may be extended for an additional period not to exceed 26 weeks if the retraining is determined to be necessary and proper by the workers' compensation judge. The employer or insurer shall pay the reasonable cost of board, lodging, or travel if the retraining program requires residence at or near the facility or institution and away from the employee's customary residence. However, a retraining program shall be performed at facilities within the state when such facilities are available.

If the employer refuses to provide vocational rehabilitation services or a dispute arises concerning the quality of services being provided, the employee may file a disputed claim with the workers' compensation court to have it review the necessity and/or quality of the services being provided. The employee shall have the right to an expedited hearing on the matter. Similarly, the employee must cooperate with the vocational rehabilitation counselor. An employee's refusal may reduce his weekly workers' compensation benefits, including supplemental earnings benefits, by fifty (50%) percent for each week during the period of refusal.

This page is purposely left blank.



**EMPLOYER CERTIFICATE OF COMPLIANCE**

You must submit this Certification to your workers' compensation insurer. Failure to submit this Certification as required may result in your being penalized by a fine of \$500, payable to your insurer.

You must secure workers' compensation for your employees through insurance or by becoming an authorized self-insured. If you fail to provide security for workers' compensation, you must pay an additional 50% in weekly benefits to your injured workers.

If you willfully fail to provide security for workers' compensation, then you are subject to a fine of up to \$10,000, imprisonment with or without hard labor for not more than 1 year, or both. If you have been previously fined and again fail to provide security for workers' compensation, then you are subject to additional penalties, including a court order to cease and desist from continuing further business operations.

You must not collect, demand, request, or accept any amount from any employee to pay or reimburse for the workers' compensation insurance premium. If you violate this provision, you may be punished with a fine of not more than \$500, or imprisoned with or without hard labor for not more than one year, or both.

It is unlawful for you to willfully make, or to assist or counsel someone else to make, a false statement or representation in order to obtain or to defeat workers' compensation benefits. If you violate this provision, you may be fined up to \$10,000, imprisoned with or without hard labor for up to 10 years, or both depending on the amount of benefits unlawfully obtained or defeated. In addition to these criminal penalties, you may be assessed a civil penalty of up to \$5,000.

**EMPLOYER CERTIFICATION**

I certify that I have read this entire document and understand its contents, and that I understand I am held responsible for this information. I certify my compliance with the Louisiana Workers' Compensation Act.

Preparer Name (PRINT)	Signature
Date	Date
Company Name	Company Address
( )	Company Address
Phone Number	Insurance Policy Number
Employee Name	Employee Social Security Number



## OWCA MEDIATORS:

Statewide	Judy Franklin 1001 N 23rd St. Baton Rouge, LA 70802 Phone: (225) 342-0184 Fax: (225) 342-4790
District IE	Tikisha Smith 1401 Hudson Ln., Ste. 301 Monroe, LA 71201 Phone: (318) 362-3078 Toll-free: (800) 209-7321 Fax: (318) 362-3083
District IW	Rosa Whitlock 9234 Linwood Shreveport LA 71106-7001 Phone: (318) 676-5331 Toll-Free: (800) 209-7173 Fax: (318) 676-5332
District 2	Amy Brown 3724 Government St. Alexandria, LA 71302 Phone: (318) 487-5966 Toll-Free: (800) 209-7329 Fax: (318) 487-5967
District 3	Chantell Smith 120 W Pujot St., Ste. 200 Lake Charles, LA 70601 Phone: (337) 214-6800 Toll-free: (888) 768-8745 Fax: (337) 491-2208
District 4	Dianne Mayo 556 Jefferson St., 1st Flr. Lafayette LA 70501-6947 Phone: (337) 262-1057 Toll-free: (800) 209-7174 Fax: (337) 262-1106
District 5	Denise Lee 224 Florida Blvd., Ste. 100 Baton Rouge, LA 70801 Phone: (225) 219-4378 Toll-free: (800) 209-7175 Fax: (225) 219-4377
District 6	Myles Donahue 112 Innwood Dr., Ste. E Covington, LA 70433 Phone: (985) 871-1258 Toll-Free: (888) 575-6149 Fax: (985) 871-1264
District 7	Caroline Minor 880 West Commerce Rd., Ste. 401 Harahan LA 70123 Phone: (504) 736-8606 Toll-Free: (866) 253-5830 Fax: (504) 736-8608
District 8	Kelly James 1450 Poydras St. Ste. 838, Mail Box 24 New Orleans, LA 70112- 2001 Phone: (504) 568-6952 Toll-Free: (800) 209-7232 Fax: (504) 568-8706
District 9	Julia Marie DeFusco 8026 Main St., Ste. 404 Houma, LA 70360 Phone: (985) 857-3775 Toll-free: (800) 262-1497 Fax: (985) 857-3781

## You Have a Right to a Mediation Conference

- A mediation conference is an informal meeting of the parties with a neutral person, called a mediator, who attempts to resolve the issues in dispute.
- The Office of Workers' Compensation mediators are licensed attorneys who are specially trained in the mediation process with knowledge of resolution techniques and experienced in workers' compensation law.
- The Office of Workers' Compensation mediators assist the parties in a workers' compensation dispute in settling claims before they are heard by a workers' compensation judge.
- Your right to a mediation conference exists both prior to as well as after a Disputed Claim for Compensation (LWC-WC 1008) is filed. A mediation conference requested prior to the filing of a Disputed Claim for Compensation (LWC-WC 1008) is referred to as a "pre-1008" mediation conference and a mediation conference requested after the filing of a Disputed Claim for Compensation (LWC-WC 1008) is referred to as a "post-1008" mediation conference.
- Parties who agree to a mediation conference may make a request, in writing, to any of the Office of Workers' Compensation mediators listed on this page.
- Upon receipt of a written request, your selected mediator will contact the parties to schedule the mediation conference at a time that is convenient to all parties. The mediation conference will take place in the district where the selected mediator is located.
- If the claim is not resolved by mediation, one of two things can happen: (1) if the mediation conference was held prior to filing a Disputed Claim for Compensation (LWC-WC 1008), the injured worker then must file a Disputed Claim for Compensation (LWC-WC 1008) to preserve any rights he may have to receive workers' compensation benefits; or (2) if the mediation conference was held after the filing of a Disputed Claim for Compensation (LWC-WC 1008), the disputed claim then will proceed to a trial on the merits before a workers' compensation judge.
- Any party may request additional mediation conferences at any time in the process, but all parties must agree to the mediation conference, unless it is ordered by a workers' compensation judge.
- Your right to a mediation conference is in accordance with Revised Statute 23:1310.3(D).
- Please feel free to contact any Office of Workers' Compensation mediator if you have questions regarding your right to a mediation conference.

# DISTRICT OFFICE TELEPHONE DIRECTORY

Revised 04/11/16

**OFFICE OF WORKERS' COMPENSATION  
ADMINISTRATIVE OFFICE**

P.O. Box 94040  
1001 North 23<sup>rd</sup> Street  
Baton Rouge, Louisiana 70804-9040

TEL (225) 342-7970 (800) 201-2499  
FAX (225) 342-4790

**CHIEF JUDGE:**  
STATEWIDE MEDIATOR:  
DISPUTE RESOLUTION SPECIALIST:  
ADMINISTRATIVE PROGRAM SPECIALIST:  
ADMIN. ASSISTANT 3:

**Diane Lundeen**  
Judy S. Franklin  
Mikal Pippins  
Laurise W. Thomas  
Shalanda Murphy

---

**OFFICE OF WORKERS' COMPENSATION  
DISTRICT 1W**

9234 Linwood  
Shreveport, Louisiana 71106-7001

TEL (318) 676-5331 (800) 209-7173  
FAX (318) 676-5332

**Parishes Served:** Bossier, Bienville, Caddo, DeSoto,  
Red River, Webster, Claiborne

**DISTRICT JUDGE:**  
MEDIATOR:  
DISPUTE RESOLUTION SPECIALIST:  
ADMIN. COORDINATOR 4:  
ADMIN. ASSISTANT 4:  
ADMIN. ASSISTANT 3:

**Vacant**  
Rosa Whitlock  
LaTonya Martin  
Vacant  
Whitney Lott  
Julia Hines

---

**OFFICE OF WORKERS' COMPENSATION  
DISTRICT 1E**

1401 Hudson Lane, Suite 301  
Monroe, Louisiana 71201-5730

TEL (318) 362-3078 (800) 209-7321  
FAX (318) 362-3083

**Parishes Served:** Caldwell, Catahoula, Concordia,  
East Carroll, Franklin, Jackson, LaSalle, Lincoln,  
Madison, Morehouse, Ouachita, Richland, Tensas, Union,  
West Carroll

**DISTRICT JUDGE:**  
MEDIATOR:  
DISPUTE RESOLUTION SPECIALIST:  
ADMIN. COORDINATOR 4:  
ADMIN. ASSISTANT 4:  
ADMIN. ASSISTANT 3:

**Brenza Irving-Jones**  
Tikisha Smith  
Camelia Antie  
Judy Williams  
Sophie Price  
Renee McDowell

---

**OFFICE OF WORKERS' COMPENSATION  
DISTRICT 2**

3724 Government Street  
Alexandria, Louisiana 71302-3327

TEL (318) 487-5966 (800) 209-7329  
FAX (318)-767-6085

**Parishes Served:** Avoyelles, Grant, Natchitoches, Rapides,  
Vernon, Winn, Sabine

**DISTRICT JUDGE:**  
MEDIATOR:  
DISPUTE RESOLUTION SPECIALIST:  
ADMIN. COORDINATOR 4:  
ADMIN. ASSISTANT 4:  
ADMIN. ASSISTANT 3:

**James Braddock**  
Amy Brown  
Brandi Mason-Iles  
Kathy Ducote  
Deborah Nugent  
Cindy Tyler

---

**OFFICE OF WORKERS' COMPENSATION  
DISTRICT 3**

120 W. Pujjo Street, Suite 200  
Lake Charles, Louisiana 70601

TEL (337) 214-6800 (888) 768-8745  
FAX (337) 491-2208

**Parishes Served:** Allen, Beauregard, Calcasieu, Cameron,  
Jefferson Davis

**DISTRICT JUDGE:**  
MEDIATOR:  
DISPUTE RESOLUTION SPECIALIST:  
ADMIN. COORDINATOR 4:  
ADMIN. ASSISTANT 4:  
ADMIN. ASSISTANT 3:  
ADMIN. ASSISTANT 3:

**Charlotte Bushnell**  
Chantell Smith  
Deborah Garriet  
Olishia Conner  
Bershonica Sam  
Rachel Walker  
Jessica Crawford

---

**WESTERN DIVISION**

**DIVISION JUDGE:**  
ADMIN. ASSISTANT 4:

**Vacant**  
Stephanie McCown

# DISTRICT OFFICE TELEPHONE DIRECTORY

Revised 04/11/16

(Continued)

## OFFICE OF WORKERS' COMPENSATION DISTRICT 4

556 Jefferson Street, First Floor  
Lafayette, Louisiana 70501-6947

TEL (337) 262-1057 (800) 209-7174  
FAX (337) 262-1106

**Parishes Served:** Acadia, Evangeline, Lafayette,  
St. Landry, Vermillion

**DISTRICT JUDGE:**  
MEDIATOR:  
DISPUTE RESOLUTION SPECIALIST:  
ADMIN. COORDINATOR 4:  
ADMIN. ASSISTANT 4:  
ADMIN. ASSISTANT 3:  
ADMIN. ASSISTANT 3:

**Sharon Morrow**  
Dianne Mayo  
Vacant  
Lisa Sterling  
Sharon Francis  
Asisa Brothers  
Jaclyn Louvierre

## ACADIANA DIVISION

**DIVISION JUDGE:**  
ADMIN. ASSISTANT 4

**Adam Johnson**  
Dawn Seward

## CAJUN DIVISION

**DIVISION JUDGE:**  
ADMIN. ASSISTANT 4:

**Anthony Palermo**  
Tameka Pete

---

## OFFICE OF WORKERS' COMPENSATION DISTRICT 5

224 Florida Boulevard, Suite 100  
Baton Rouge, Louisiana 70801-1718

TEL (225) 219-4378 (800) 209-7175  
FAX (225) 219-4377

**Parishes Served:** East Baton Rouge, East Feliciana,  
Pointe Coupee, West Feliciana, West Baton Rouge,  
Iberville

**DISTRICT JUDGE:**  
MEDIATOR:  
DISPUTE RESOLUTION SPECIALIST:  
ADMIN. COORDINATOR 4:  
ADMIN. ASSISTANT 4:  
ADMIN. ASSISTANT 3:  
ADMIN. ASSISTANT 3:

**Pam Moses-Laramore**  
Denise Lee  
Shameeka Kaufman  
Jerrena Brown  
Latonya Brown  
Tricia Madere  
Quenisha Thomas

## CENTRAL DIVISION

**DIVISION JUDGE:**  
ADMIN. ASSISTANT 4:

**Jason Ourso**  
Trikina Talbert

---

## OFFICE OF WORKERS' COMPENSATION DISTRICT 6

112 Innwood Drive, Suite E  
Covington, Louisiana 70433-8813

TEL (985) 871-1258 (888) 575-6149  
FAX (985) 871-1264

**Parish Served:** Livingston, St. Helena, St. John the Baptist,  
St. Tammany, Tangipahoa, Washington

**DISTRICT JUDGE:**  
MEDIATOR:  
DISPUTE RESOLUTION SPECIALIST:  
ADMIN. COORDINATOR 4:  
ADMIN. ASSISTANT 4:  
ADMIN. ASSISTANT 3:

**Gwendolyn Thompson**  
Myles Donahue  
Janice Westereng  
Harold Tresch  
Rachel Hryniewich  
Vacant

---

## OFFICE OF WORKERS' COMPENSATION DISTRICT 7

880 West Commerce Road, Suite 401  
Harahan, Louisiana 70123-3330

TEL (504) 736-8606 (866) 253-5830  
FAX (504) 736-8608

**Parishes Served:** Jefferson, Plaquemines, St. Bernard

**DISTRICT JUDGE:**  
MEDIATOR:  
DISPUTED RESOLUTION SPECIALIST:  
ADMIN. COORDINATOR 4:  
ADMIN. ASSISTANT 4:  
ADMIN. ASSISTANT 3:

**Shannon Bruno-Bishop**  
Caroline Minor  
Sloane Sullen  
Dora Breaux  
Tina Boudreaux  
Laurett Price

# DISTRICT OFFICE TELEPHONE DIRECTORY

Revised 04/11/16

(Continued)

**OFFICE OF WORKERS' COMPENSATION  
DISTRICT 8**

1450 Poydras Street, Suite 838  
Mail Box 24  
New Orleans, Louisiana 70112-2001

TEL (504) 568-6952 (800) 209-7232  
FAX (504) 568-8706

**Parishes Served:** Orleans

**JUDGE:**  
**MEDIATOR:**  
**DISPUTED RESOLUTION SPECIALIST:**  
**ADMIN. COORDINATOR 4:**  
**ADMIN. ASSISTANT 4:**  
**ADMIN. ASSISTANT 3:**  
**ADMIN. ASSISTANT 3:**

**Robert Varnado**  
Kelly James  
Christine Melford  
Nina Pierre  
Latokia Sami  
Rosalee Boudreaux  
Glenda Square

**EASTERN DIVISION**

**DIVISION JUDGE:**  
**ADMIN. ASSISTANT 4:**

**Vacant**  
Patrick Fremin

---

**OFFICE OF WORKERS' COMPENSATION  
DISTRICT 9**

8026 Main Street, Suite 404  
Houma, Louisiana 70360-3407

TEL (985) 857-3775 (800) 262-1497  
FAX (985) 857-3781

**Parishes Served:** Iberia, Lafourche, St. Charles, St. Martin,  
St. Mary, Terrebonne, Ascension, Assumption, St. James

**DISTRICT JUDGE:**  
**MEDIATOR:**  
**DISPUTED RESOLUTION SPECIALIST:**  
**ADMIN. COORDINATOR 4:**  
**ADMIN. ASSISTANT 4:**  
**ADMIN. ASSISTANT 3:**

**Elizabeth Lanier**  
Julia DeFusco  
Debra Duplantis  
Chelita Woods  
Bridgette Martin  
Victoria Martin