

REQUEST FOR EXPEDITED PROCEEDING

STATE OF MAINE

WORKERS' COMPENSATION BOARD

27 STATE HOUSE STATION, AUGUSTA, MAINE 04333-0027

1. INSURER FILE NUMBER:	6. SOCIAL SECURITY NUMBER (last 4 digits): XXX-XX-	7. WCB FILE NUMBER:		
2. EMPLOYER NAME:	8. EMPLOYEE LAST NAME:	9. FIRST NAME:	10. M.I.:	
3. EMPLOYER MAILING ADDRESS AND PHONE NUMBER:	11. ADDRESS-NUMBER AND STREET:			
4. INSURER NAME:	12. CITY:	13. STATE:	14. ZIP:	15. HOME PHONE:
5. INSURER MAILING ADDRESS:	16. DATE OF INJURY:	17. DESCRIPTION OF INJURY:		

PURSUANT TO 90 MAR 351 CH. 1. §9, THIS REQUEST FOR EXPEDITED PROCEEDING (WCB-250) MUST BE ATTACHED TO THE FRONT OF THE APPROPRIATE PETITION AND SUPPORTING DOCUMENTS.

18. I REQUEST AN EXPEDITED PROCEEDING (CHOOSE ONE OF THE FOLLOWING):

BASED ON A DISCONTINUANCE OR REDUCTION OF PAYMENTS PURSUANT TO 39-A M.R.S.A. §205(9)(E).

BASED ON MATTERS INVOLVING MEDICAL CARE OR THE RIGHT TO BENEFITS FOR TOTAL INCAPACITY PURSUANT TO 39-A M.R.S.A. §315.

EXPLANATION:

SIGNATURE OF REQUESTING PARTY

DATE

NAME, ADDRESS, AND TELEPHONE OF ATTORNEY (IF ANY):

REPRESENTING (CHECK ONE):

EMPLOYEE EMPLOYER

ASSISTANCE IS AVAILABLE AT THE MAINE WORKERS' COMPENSATION BOARD'S REGIONAL OFFICES

AUGUSTA	BANGOR	CARIBOU	LEWISTON	PORTLAND
442 CIVIC CTR DR, STE 225	396 GRIFFIN RD, STE 105	ONE VAUGHN PL	36 MOLLISON WAY	56 NORTHPORT DR, STE 201
156 STATE HOUSE STATION	BANGOR, ME	43 HATCH DR, STE 110	LEWISTON, ME	PORTLAND, ME
AUGUSTA, ME 04333-0156	04401-5638	CARIBOU, ME 04736	04240-7777	04103
(207) 287-2308	(207) 941-4550	(207) 498-6428	(207) 753-7700	(207) 822-0840
1-800-400-6854	1-800-400-6856	1-800-400-6855	1-800-400-6857	1-800-400-6858

The State of Maine provides equal opportunity in employment and programs. Auxiliary aids and services are available to individuals with disabilities upon request. For assistance with this form, contact the ADA Coordinator at the Maine Workers' Compensation Board. Telephone: 1-888-801-9087 or Maine Relay 711.

WCB-250 (effective 1/1/13, revised 12/4/2023)