FORM 121

Please Print Clearly or Type. Unreadable forms will be returned.

## The Commonwealth of Massachusetts

**Department of Industrial Accidents – Department 121** 

1 Congress Street, Suite 100, Boston Massachusetts 02114-2017 Info. Line 800-323-3249 ext. 470 in Mass. Outside Mass. - 617-727-4900 ext. 470 http://www.mass.gov/dia DIA Board # (If Known):



A COPY OF THE ADMINISTRATIVE JUDGE'S ORDER SHOULD BE ATTACHED TO THIS APPEAL.

Please Print or Type		INSTRUCTIONS ON THE REVERSE SIDE
1. Case Appealed By: Employee	Insurer	Other(Specify)
2. Medical Issue (Check one only): Appeal fee attached		3. Non-Medical Issue:
Appeal fee to be submitted Form 136, Waiver Reques	d to Department 121 st due to Indigence filed with Commissioner	
4. Date of Order (mm/dd/yyyy):	5. Name of Judge Who Issued Order:	6. Date of Injury (mm/dd/yyyy):
7. Employee's Name & Address (No. and St	7A. Social	Security Number*:
8. Employer's Name & Address (No. and St	reet, City, State, Zip Code):	
9. Insurance Carrier's Name & Address (No	. and Street, City, State, Zip Code):	
10. Name, Address & Telephone # of <b>Insur</b>	er's Attorney:	
11. Name, Address & Telephone # of Emplo	oyee's Attorney:	
12. Preparer's Name, Address (No. and St	treet, City, State, Zip Code) and Telephone #:	
	)T acceptable. Must have signature.): 14. Date Prepa	
*Disclosure of Social Security Number is Volu	ntary. It will aid in the processing of documents.	Form 121 - Revised 7/2010 - Reproduce as needed.

## <u>APPEAL OF A CONFERENCE ORDER</u> <u>FILING INSTRUCTIONS</u>

- 1. **<u>PURPOSE</u>**: To file an appeal of a Conference proceeding pursuant to Massachusetts General Laws c. 152, Section 10A
- 2. <u>WHEN TO FILE:</u> An appeal must be filed within 14 days from the filing date of an administrative judge's conference order. This form is **NOT** to be used to appeal a hearing decision of an administrative judge.

## 3. WHERE TO FILE:

Department of Industrial Accidents 1 Congress Street, Suite 100 Department 121 Boston, MA 02114-2017

Copies of this form must be mailed to all interested parties.

- IMPARTIAL MEDICAL EXAMINATION FEES: Submit fee within 10 days of the appeal pursuant to M.G.L. c 152, Sec. 11A (2) to Department 121 or submit Form 136 Waiver Request based on Indigence to the Commissioner's Office.
- 5. Separate appeal form should be submitted for each board number.
- 6. A copy of the administrative judge's conference order should be attached to this appeal.
- 7. **<u>NOTICE</u>**: Failure to file a timely appeal shall be deemed to be acceptance of the administrative judge's order and findings (M.G.L. c. 152, Section 10A).