KANSAS DEPARTMENT OF LABOR
**www.dol.ks.gov**

# APPLICATION FOR REVIEW AND MODIFICATION

K-WC E-5 (Rev. 3-14) (K.S.A. 44-528)

**DO NOT WRITE IN THIS SPACE**

Date Stamp

Docket number *(required)*: _____

Employee: _____
First Middle Last

Phone: _____

Email: _____

Employer: _____

This is an application for review and modification of the decision entered on: _____
*(Date of award or order)*

1. Set forth a reason listed in K.S.A. 44-528 for which modification is sought: _____

2. If the party is represented by an attorney, this form shall be signed by at least one attorney of record as required by K.S.A. 44-536a(a).

3. Are you interested in going through the Workers Compensation mediation process? ☐ YES ☐ NO

Applicant signature: _____ Date: _____

Address: _____

Is applicant represented? ☐ YES ☐ NO

Attorney representing ☐ claimant ☐ respondent:

Attorney signature: _____

Printed name: _____

Street: _____

City: _____ State: _____ ZIP: _____

Email: _____
*(for purposes of hearing notices)*

Phone: _____

Kansas Supreme Court number: _____

**DO NOT WRITE IN THIS SPACE**

Certified Stamp ALJ Copy

**Federal Privacy Act Disclosure Section 7(a)(2)(B)**

The mandatory requirement that Social Security numbers be included on forms filed with the Division of Workers Compensation is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, since our regulations which require its disclosure were in existence before January 1, 1975. The number is used as a means of identifying all the various records in the Division of Workers Compensation pertaining to an individual.

The use of Social Security numbers is made necessary because of the large number of applicants who have similar names and birth dates, and whose identities can only be distinguished by the Social Security number.