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Workers' Compensation Board
111 Livingston Street
Brooklyn, New York 11201

Re: Claimant: _____
Employer: _____
Carrier: _____
Carrier No.: _____
DOA: _____
WCB No. _____

Dear Sir/Madame:

Please be advised that I wish to have my hearings held at the _____
hearing point as it is convenient for myself as well as for my attorneys.

Very truly yours,

Claimant

Date: _____