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JUN 25 2025

WCC File #: 1923627 & 2223041

Carrier File #: _____

Carrier Code #: _____

Employer FEIN #: _____

Claimant's Name: Mary L. Davis SSN: _____

Employer's Name: Ruiz Food Products, Inc.

Address: Post Office Box 2937

Address: 2557 Florence Harlee Blvd.

City: Hartsville State: SC Zip: 29551

City: Florence State: SC Zip: 29506

Home Phone: () - Work Phone: () -

Insurance Carrier: Safety National Casualty Corp.

Preparer's Name: Preston F. McDaniel, Esquire Law Firm: McDaniel Law Firm Preparer's Phone #: (803) 771-7211

REQUEST FOR COMMISSION REVIEW

Request for Commission Review by Claimant Employer (check one) Date of Injury or Illness: 11/16/19 & 11/04/22

The undersigned makes application for review of the findings of the Commissioner in the above-captioned case. The request for review is based on the following grounds: (State the grounds of your appeal in the form of questions presented. Each question presented must contain a concise statement of one proposition of law or fact. Refer to evidence by title and exhibit number. Use additional pages if necessary).

SEE ATTACHMENT.

Check one) Oral argument is is not requested. Appellant's request for oral argument is waived if not indicated on this form. I certify I have served this document pursuant to Reg. 67-211. See attached certificate of service.

Preparer's Signature

Attorney for the Claimant
Title

preston@pfmcdlaw.com
Email

October 9, 2024
Date

Check this box if you are not represented by an attorney

Questions about the use of this form should be directed to the Judicial Department at 803.737.5675 or appeals@wcc.sc.gov.

If the claimant appeals and is not represented by counsel, the Judicial Department will properly serve this form pursuant to Reg. 67-607 C. Pursuant to Reg. 67-05 and Reg. 701, the appeal must be postmarked no later than 14 days from the date of service of the Decision and Order of the Hearing Commissioner along with the filing fee. Attach a Form 32, if you are unable to pay the filing fee. Refer to Reg. 67-211 and Reg. 67-701 through 711.

