

South Carolina Court of Appeals

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MAR 23 2015

Appeal From Richland County
Workers Compensation Commission

SC Court of Appeals

Worker Compensation Case 1116467

Appellate Case Number:

Michael J. Ferola

Appellant

Worker Compensation Commission

Respondents

Designation Of Matter To
Be Included In Record On Appeal

Appellant proposes the following be included in the record on appeal;

- (a) Employee Notice/Request For Hearing (Form 50 Attached)
- (b) Request To Waive fee (Form 32 Attached)
- (c) Worker Compensation Commission order dated December 2, 2014 (Attached).

I certify that this designation contains no matter which is irrelevant to this appeal.

Subscribed AND Sworn before me

Michael J. Ferola

this 28th day of March 2015

Michael J Ferola #291941

Virginia Robinson

Ridgeland Correctional Inst

Notary Public

Po Box 2039

May 20, 2021

Ridgeland, SC. 29936

My commission expires

Certificate Of Service

I do hereby certify I have mailed a true and correct copy of the within "Designation Of matter" to Worker Compensation Commission 1333 main st Suite 500 Columbia, SC 29202 and Erin F Farthing State Accident Fund Po Box 102100 Columbia, SC 29221-5000 on this 18th day of march 2015.

Subscribed and Sworn before me
this 18th day of march 2015

Michael J. Ferok
Michael J Ferok #291941

Virginia Robinson
Notary Public

May 20, 2021
My Commission expires

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SC Court of Appeals



Claimant's Name Michael J. Ferola SSN _____
Address Po Box 2039
City Ridgeland State SC Zip 29936
Home Phone N/A Work Phone N/A
Preparer's Name Michael J. Ferola

Employer's Name S.C Dept of Corrections
Address 4444 Broad River Rd
City Columbia State SC Zip 29202
Carrier State Accident Fund
Preparer's Phone # N/A

Please provide all of the information requested. Incomplete forms will delay the review process

REQUEST TO WAIVE APPEAL FILING FEE

- 1 Are you presently employed? Yes No
a If yes, state the name and address of your employer and wages below

b If no, where did you last work, when did you stop working, and what were your wages?

c Is your spouse employed? Yes No If yes, where? _____
What are your spouse's wages? \$ _____
d What is the total income of all working members of your household?

2 How many people are dependent on you for their support (include children and relatives)? 0
How much do you spend weekly for their support? \$ _____
3 List any money you have received in the past year other than that listed above and state from what source that money came (gift, inheritance, insurance, _____)
NONE
4 Do you have a checking or savings account? Yes No
If yes, what is the balance in each account? Checking \$ _____ Savings \$ _____
5 Do you rent or own your home? Rent Own Rent or mortgage payment \$ _____
6 Do you own a car? Yes No Payments \$ _____
7 List the names of your creditors and amount of debt

NONE

To the best of my knowledge, the information above is true and accurate. I have made no attempt to misrepresent my financial condition. I request that the filing fee be waived.

Michael J. Ferola
Signature

2/25/15
Date

For official use only Fee Waived Waiver Rejected Other Disposition

[Signature] 3/4/15
Chair, S.C. Workers' Compensation Commission

File this form with a Form 30, Application for Commission Review Refer to R 67-701 through R 67-711 for additional information. File this form with a Form 50, 52, 54, Requests for Motions, Consents and Settlements Refer to R 67-207, R 67-208, R 67-215, R 67-803 and R 67-805



WCC File # 1116467
 Carrier File # _____
 Carrier Code # _____
 Employer FEIN # _____

Claimant's Name Michael J Ferola SSN N/A Employer's Name SC Dept of Corrections
 Address Po Box 2039 R.C.Y. 9B-S3 Address 4444 Broad River Rd
 City Ridgeland State SC Zip 29936 City Columbia State SC Zip 29208
 Home Phone N/A Work Phone N/A Insurance Carrier State Accident Fund
 Preparer's Name N/A Law Firm N/A Preparer's Phone # _____

A claim for workers' compensation benefits is made based on the following grounds. Date of Injury or Illness _____
 Injury Illness Repetitive Trauma Occupational Disease Physical Brain Injury Concurrent Jurisdiction

1 The claimant sustained an injury to lower back / leg (Part(s) of Body Injured) on 4-11-11 (Month/Day/Year) in Alленgale county, state of SC. Body part(s) affected are Lower Back / left leg
 2 Briefly describe how the accident occurred Picking up mixing bowl in cafeteria
 3 Both the claimant and the employer were subject to the South Carolina Workers' Compensation Act at the time of injury
 4 The relationship of employer and employee existed at the time of injury
 5 At the time of the injury the claimant was performing services arising out of and in the course of employment
 6 Notice of the accidental injury was given to the Employer on 4-29-11 (Month/Day/Year) in the following manner
Report to medical for treatment.

7 Due to injury, the claimant is in need of (check one)
 (a) medical examination and treatment for Nerve Damage / Back pain
 (b) additional medical examination and treatment for _____

8 Due to injury, the claimant requests temporary total disability benefits because of lost compensable time from work and wages for the period of _____

9 Due to the injury, the Claimant has permanent disability of the following nature and extent (check one)
 (1) General Disability Total Partial (2) Specific Disability Total Partial (3) Wage Loss

9a A determination of permanent disability is premature at this time

10 Due to the injury, the Claimant has a serious bodily disfigurement consisting of
Permanent Nerve Damage left leg lower back
 10a At the time of the injury, the Claimant was paid weekly wages of \$ 40.00, and demands accounting of days worked and wages earned as provided by law

10b Give names and addresses of all employers for whom the Claimant has worked since the date of the accident

11 Further grounds or unusual aspects of claim
Respondents refuse to reimburse medical / medication co-pays.

11a List names and addresses of all physicians or other medical specialists who have seen or treated the Claimant as a result of the accident
James Selph, Dr Paul Drago, Robert Sharp.

11b To the best of your knowledge, did you have any prior permanent disability?
 If yes, describe

12 Appropriate benefits as provided in the Act for the above grounds and other relief as the Workers' Compensation Commission may direct as just and proper

13a I am filing a claim. I am not requesting a hearing at this time. 14 Estimated time needed for hearing 2 HR

13b I am requesting a hearing. A \$25 fee is required. See Attached order

Mediation
 a Mediation is requested to be ordered pursuant to Reg 67-1801 B
 b Mediation is required pursuant to Reg 67-1802
 c Mediation is requested by consent of the Parties pursuant to Reg 67-1803
 d Mediation has been conducted by a duly qualified mediator and resulted in an impasse
 Questions regarding mediation may be submitted to mediation@wcc.sc.gov.

I certify I have served this document pursuant to Reg. 67-211 by delivering a copy to State Accident Fund address Po Box 102100 Columbia SC on the 13th day of February 20 15, by first class postage certified mail personal service.

I verify the contents of this form are accurate and true to the best of my knowledge.
Michael J. Ferola Claimant N/A Date 2-13-15
 Preparer's Signature Title Email Date

Questions about the use of this form should be directed to the Claims Department at 803 737 5723 Refer to Regulations 67-204 through 67-211 and Regulations 67-601 through 67-615 as well as Reg 67-1801

SCWCC
 FEB 12 2015 SCWCC
JUDICIAL
 MAR 04 2015
JUDICIAL

BEFORE THE
SOUTH CAROLINA WORKERS' COMPENSATION COMMISSION
WCC FILE NO.: 1116467

Michael J. Ferola,)
)
Employee - Claimant,)
)
vs.)
)
Department of Corrections) **ORDER**
)
Employer,)
)
and,)
)
State Accident Fund,)
)
Carrier/Defendants,)
)
_____)

The above-captioned claim was scheduled for a Hearing before the undersigned Commissioner on October 6, 2014 to address matters raised in Claimant's Motion dated July 25, 2014. Claimant, who is pro se, was scheduled to appear at the Hearing by teleconference. During the Pre-Hearing Conference, there were technical difficulties with regard to the Claimant's teleconference signal. Further, during the Pre-Hearing Conference it was also discovered that the Claimant is scheduled for a doctor's appointment in December 2014 that could resolve the matters set forth in Claimant's Motion, as well as in his claim as a whole. Therefore, the Hearing was postponed pending Claimant's December doctor's appointment.

THEREFORE, IT IS HEREBY ORDERED that the Hearing on Claimant's Motion dated July 25, 2014 is postponed pending Claimant's December 2014 doctor's appointment. This claim will be returned to General Files until a hearing request is made following that doctor's appointment by either party through proper pleadings.

AND IT IS SO ORDERED.

Columbia, South Carolina
December 2, 2014



Commissioner Mike Campbell

CERTIFICATE OF SERVICE

This is to certify that the undersigned has on this date served a copy of the order in the above entitled action upon all parties to this case by sending an electronic copy hereof by electronic mail addressed to the attorney, (or said parties, if there is an unrepresented party(ies)), by depositing a copy hereof, postage paid in the United States mail, first class, addressed to the unrepresented party(ies) and to the attorney(s) for the represented party(ies).

By Barbara Cheeseboro on December 2, 2014