

**KENTUCKY DEPARTMENT OF WORKERS' CLAIMS**

**Notice of Claim Denial or Acceptance**

**Before ALJ:** \_\_\_\_\_

**Claim No.** \_\_\_\_\_

\_\_\_\_\_

**Plaintiff/Employee**

**vs.**

\_\_\_\_\_

**Defendant/Employer**

Comes the defendant, \_\_\_\_\_, as insured by \_\_\_\_\_, and in response to the Application for Resolution of Claim, states as follows:

\_\_\_\_\_ 1. This claim is accepted as compensable in its entirety.

\_\_\_\_\_ 2. This claim is denied for the following reasons:

\_\_\_\_\_ (a) There is a dispute concerning the amount of compensation owed to the plaintiff.

\_\_\_\_\_ (b) Plaintiff was not employed by defendant on the date of alleged injury.

\_\_\_\_\_ (c) Plaintiff's last injurious exposure to the risks of the occupational disease alleged did not occur in the employment of this defendant.

\_\_\_\_\_ (d) The plaintiff did not give due and timely notice to employer of the alleged occupational disease.

\_\_\_\_\_ (e) The alleged injury did not arise out of and in the course of employment.

\_\_\_\_\_ (f) Plaintiff has not contracted the occupational disease alleged.

\_\_\_\_\_ (g) The plaintiff did not give due and timely notice to employer of the injury.

\_\_\_\_\_ (h) The claim is barred by limitations.

\_\_\_\_\_ (i) Other reason for denial.

3. The following are admitted by the employer:

\_\_\_\_\_ Plaintiff's alleged work event was covered under the Workers' Compensation Act.

\_\_\_\_\_ The work event occurred on \_\_\_\_\_  
Date

\_\_\_\_\_ Plaintiff reported the work event on \_\_\_\_\_  
Date

\_\_\_ Plaintiff returned to work for this employer and does \_\_\_ does not \_\_\_ continue to work for this employer.

\_\_\_ Temporary total disability income benefits were paid as the result of the injury.

\_\_\_ Medical expenses have been paid as the result of this injury.

4. **Special Answer:** The Defendant/Employer for its special answers asserts the following as a bar to recovery in whole or part in accordance with 803 KAR 25:010 Section 6 (2)(d)1.:

- \_\_\_ \* KRS 342.035(3), unreasonable failure to follow medical advice;
- \_\_\_ \* KRS 342.165, safety violation, need to submit a Form SVC within 15 days;
- \_\_\_ \* KRS 342.316(7) or KRS 342.335, false statement on employment application;
- \_\_\_ \* KRS 342.395, voluntary rejection of KRS Chapter 342;
- \_\_\_ \* KRS 342.610(3), voluntary intoxication or self-infliction of injury;
- \_\_\_ \* KRS 342.710(5), refusal to accept rehabilitation services; or
- \_\_\_ \* Running of periods of limitations or repose under KRS 342.185, 342.270, 342.316, or other applicable statute;
- \_\_\_ \* Injury resulted from "horseplay";
- \_\_\_ \* Other

Provide a brief summary of the basis for each special answer listed:

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**Notice: Any person who knowingly and with intent to defraud another person, files a statement or claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material to the action commits a fraudulent act, which is a crime.**

Being duly sworn, the undersigned states that the statements in this form are true and correct to the best of my knowledge and belief. This the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**Phone Number**