

APPEAL NO. 031312
FILED JULY 9, 2003

This appeal arises pursuant to the Texas Workers' Compensation Act, TEX. LAB. CODE ANN. § 401.001 *et seq.* (1989 Act). A contested case hearing (CCH) was held on April 7, 2003. The hearing officer decided that the respondent (claimant herein) sustained a compensable injury on _____, and had disability as a result. After the decision underwent a clerical correction, it states that the period of the claimant's disability was from November 13, 2002, continuing through the date of the CCH. The appellant (carrier herein) files a request for review and the claimant responds.

DECISION

Because the hearing file has been received, but the record of the proceedings in the form of a transcript or a tape recording of the CCH has not been received, although requested, and there is no record to review pursuant to Section 410.203, we reverse and remand.

The Appeals Panel cannot render an informed decision in this case on the merits of the appeal and response without a complete record of the proceedings. Accordingly, the decision and order of the hearing officer are reversed and the case remanded for reconstruction of the record or the forwarding of the CCH record if it can be located. At such time, the parties should be advised that a new decision has been rendered or the decision has been reissued and that any appeal or response must be reasserted and filed in the case, if desired. Texas Workers' Compensation Commission Appeal No. 961101, decided July 19, 1996.

Pending resolution of the remand, a final decision has not been made in this case. However, since reversal and remand necessitate the issuance of a new decision and order by the hearing officer, a party who wishes to appeal from such new decision must file a request for review not later than 15 days after the date on which such new decision is received from the Texas Workers' Compensation Commission's Division of Hearings, pursuant to Section 410.202 which was amended June 17, 2001, to exclude Saturdays and Sundays and holidays listed in Section 662.003 of the Texas Government Code in the computation of the 15-day appeal and response periods.

The true corporate name of the insurance carrier is **ARGONAUT INSURANCE COMPANY** and the name and address of its registered agent for service of process is

BOBBY E. HAMMOND, JR.
1431 GREENWAY DRIVE, SUITE 450
IRVING, TEXAS 75038.

Gary L. Kilgore
Appeals Judge

CONCUR:

Thomas A. Knapp
Appeals Judge

Michael B. McShane
Appeals Panel
Manager/Judge