

APPEAL NO. 090513  
FILED MAY 18, 2009

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 March 5, 2009. The hearing officer resolved the disputed issues by deciding that: (1) the appellant (claimant) is not entitled to supplemental income benefits (SIBs) for the first, second, third, and fourth quarters (a period from March 7, 2008, through March 5, 2009); and (2) the respondent (self-insured) is relieved of liability for SIBs for the third quarter from September 5, 2008, through December 4, 2008, because of the claimant's failure to timely file an application for SIBs.

The claimant appealed the hearing officer's adverse determinations. The self-insured responded, urging affirmance.

DECISION

Reversed and remanded for reconstruction of the record.

Section 410.203(a)(1) requires the Appeals Panel to consider the record developed at the CCH. The CCH was recorded on one compact disc (CD). The CD indicated it contained 1 tract which was 1 hour 5 minutes and 46 seconds in length. The CD is completely inaudible. The file indicates that there was no court reporter and the file does not contain a transcript, or a tape recording of the CCH proceeding. Consequently, we reverse and remand this case to the hearing officer for reconstruction of the CCH record. See Appeals Panel Decision (APD) 060353, decided April 12, 2006.

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 Department of Insurance, Division of Workers' Compensation, 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. See APD 060721, decided June 12, 2006.

The true corporate name of the insurance carrier is **(a self-insured governmental entity through TEXAS COUNCIL RISK MANAGEMENT FUND)** and the name and address of its registered agent for service of process is

**(NAME)  
(ADDRESS)  
(CITY), TEXAS (ZIP CODE).**

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Cynthia A. Brown  
Appeals Judge

CONCUR:

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Veronica L. Ruberto  
Appeals Judge

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Margaret L. Turner  
Appeals Judge