



Texas Department of Insurance

Division of Workers' Compensation

Chief Clerk of Proceedings

7551 Metro Center Drive, Suite 100, MS-35 • Austin, Texas 78744-1609

512-804-4000 • 512-804-4071 fax • www.tdi.texas.gov

CLAIM Number: _____
Carrier Claim Number: _____

WRITTEN REQUEST FOR INTERLOCUTORY ORDER (DWC Form-058)

1. Party Requesting an Interlocutory Order: <input type="checkbox"/> Injured Worker <input type="checkbox"/> Beneficiary <input type="checkbox"/> Sub-Claimant <input type="checkbox"/> Insurance Carrier: _____ Date of BRC: (mm/dd/yyyy) _____		2. Injured Worker's Name (Last, First M I) _____	
		3. Social Security Number (last 4 digits) _____	
		4. Date of Injury (mm/dd/yyyy) _____	
		5. Insurance Carrier's Name _____	
		6. Employer's Business Name _____	
7. Type of request: <input type="checkbox"/> Pay <input type="checkbox"/> Suspend <input type="checkbox"/> Temporary Income Benefits <input type="checkbox"/> Impairment Income Benefits <input type="checkbox"/> Supplemental Income Benefits <input type="checkbox"/> Death or Burial Benefits <input type="checkbox"/> Lifetime Income Benefits <input type="checkbox"/> Medical Benefits		8. Average Weekly Wage _____	
9. Duration/Amount of Benefits Requested _____			
10. Explanation/Justification to Support Request (documents supporting this request may be attached to this form). 			
11. Requestor Information			
Requestor's Signature _____		Date of Request (mm/dd/yyyy) _____	
Requestor's Typed or Printed Name _____		Phone Number _____	
Requestor's Mailing Address _____		Fax Number _____	
<input type="checkbox"/> Hand delivered to other parties at the Benefit Review Conference.			
<input type="checkbox"/> Mailed / Delivered / Faxed (circle one) to other parties on _____ (date).			



Form DWC058 Instructions
(Written Request for Interlocutory Order)

Who may use this form?

An injured employee, beneficiary, subclaimant or insurance carrier may use this form to make a written request for the payment or suspension of benefits.

Where to submit this form?

The DWC058 should be filed with the benefit review officer presiding over the benefit review conference (BRC).

Supporting documents addressed in Section 10 are not necessary if already included in the BRC exchange.

Opportunity to respond:

The opposing parties will be given the opportunity to respond to any requests for interlocutory order.

DWC Action:

The presiding officer has up to three days after receipt of a request for an interlocutory order to act. If the order is issued, a copy will be provided to all parties to the dispute.

Parties may contact the Division with any questions regarding this form. You may find contact information at <http://www.tdi.texas.gov/wc/dwccontacts.html> or call 1-800-252-7031.

NOTE: With few exceptions, you are entitled on request to be informed about the information that Texas Department of Insurance, Division of Workers' Compensation (TDI-DWC) collects about you. Under §552.021 and 552.023 of the Government Code, you are entitled to receive and review the information. Under §559.004 of the Government Code you are entitled to have TDI-DWC correct information about you that is incorrect. For more information, call the local Division of Workers' Compensation field office at 512-804-4437.