

APPEAL NO. 201653
FILED DECEMBER 8, 2020

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 September 29, 2020, in (city), Texas, with (administrative law judge) presiding as the administrative law judge (ALJ). The ALJ resolved the disputed issue by deciding that the appellant (claimant) had disability resulting from the injury sustained on (date of injury), beginning February 6 through April 19, 2019, but not from April 20, 2019, through the date of the CCH. The claimant appealed, disputing that portion of the ALJ's disability determination adverse to him. The respondent (self-insured) responded, urging affirmance of the disputed disability determination. That portion of the ALJ's determination that the claimant had disability beginning February 6 through April 19, 2019, was not appealed and has become final pursuant to Section 410.169.

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. No audio recording of the CCH is available for review. The file does not contain a transcript or an audio recording of the proceeding. Consequently, we reverse and remand this case to the ALJ who presided over the September 29, 2020, CCH, if possible, for reconstruction of the CCH record. See Appeals Panel Decision (APD) 190446, decided May 1, 2019.

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 ALJ, 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 **MAVERICK COUNTY (a self-insured governmental entity) c/o TEXAS WATER CONSERVATION ASSN. RISK MANAGEMENT FUND** and the name and address of its registered agent for service of process is

**MICHEON L. BALMER
DIRECTOR OF POOL MANAGEMENT
10535 BOYER BLVD., SUITE 100
AUSTIN, TEXAS 78758.**

Margaret L. Turner
Appeals Judge

CONCUR:

Cristina Beceiro
Appeals Judge

Carisa Space-Beam
Appeals Judge