

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?

This form should be filed with the benefit review officer presiding over the benefit review conference at Texas Department of Insurance, Division of Workers' Compensation.

The form may be sent to the Division by:

- **Email:** BRC_Exchanges@tdi.texas.gov (Use an underscore between BRC and Exchanges).
- **Fax:** 512-804-4011
- **Mail** Division of Workers' Compensation,
Hearings, Mail Code HRG
PO Box 12050 Austin, TX
78711-2050
- **Secure File Transfer Protocol (SFTP):** An SFTP account is a secure, electronic way to upload your documents.
 - If you want an SFTP account, contact DWC at eFiling-Help@tdi.texas.gov.
 - To learn more, go to [electronic filing options](#).

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/dwcccontacts.html> or call 1-800-252-7031.

Note: With few exceptions, on your request, you are entitled to:

- be informed about the information DWC collects about you;
- receive and review the information (Government Code Sections 552.021 and 552.023); and
- have DWC correct information that is incorrect (Government Code Section 559.004).

For more information, contact DWCLegalServices@tdi.texas.gov or refer to the Corrections Procedure section at www.tdi.texas.gov/commissioner/legal/lccorprc.html