



State of New York - Workers' Compensation Board
REPORT OF WORK-RELATED INJURY OR OCCUPATIONAL DISEASE

This form is to be filed with the Workers' Compensation Board within 10 days of a work-related injury or illness. A copy of this report should be provided to your insurance carrier. No hearing will be scheduled at the Board in response to this report of injury.

Form with multiple sections for employer information, employee details, injury occurrence, and medical care. Includes checkboxes for 'Employer', 'Carrier', 'Other', 'M', 'F', 'X', 'YES', 'NO'.

ADR-1

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FILING INSTRUCTIONS

Please note that the ADR-1 Report of Injury form must be submitted to the Workers' Compensation Board within 10 days of a work related injury or illness, as required by 12 NYCRR § 314.2(d)(5).

The ADR-2 Final Disposition of Claim form must be filed with the Workers' Compensation Board's local district office within 30 days of the final resolution of a claim through settlement, mediation, or arbitration, as required by 12 NYCRR § 314.7(a).

Failure to file the prescribed ADR forms with the Workers' Compensation Board in a timely manner may result in revocation of the parties' authorization to participate in the Alternative Dispute Resolution Pilot Program.