

**ILLINOIS WORKERS' COMPENSATION COMMISSION
APPEARANCE OF REPRESENTATIVE**

Please see the other side of this form.

Employee/Petitioner

v.

Employer/Respondent

Case # _____ WC _____

I hereby enter my appearance as counsel ____ co-counsel ____ for the petitioner ____ respondent ____.

Signature of attorney

Firm's name

Attorney's name and IC attorney code # ¹ (please print)

Street address

Telephone number

E-mail address

City, State, Zip code

Name of respondent's insurance/service company (please print)

ATTENTION, ATTORNEY. A co-counsel appearance must be accompanied by a copy of the original *Attorney Representation Agreement* with the co-counsel's signature. Please indicate where the Commission should send notices:

____ Name and address listed above

PROOF OF SERVICE

If the person who signed the *Proof of Service* is not an attorney, this form must be notarized.

I, _____, affirm that I delivered _____ mailed with proper postage _____
in the city of _____ a copy of this form
at _____ on _____ to each party at the address(es) listed below.

Signed and sworn to before me on _____

Signature of person completing *Proof of Service*

Notary Public

REJECTION OF APPEARANCE

Date _____

To: _____

Your appearance has been rejected for the following reason(s):

- _____ No case number is listed.
- _____ The wrong case number is listed.
- _____ You did not attach the *Attorney Representation Agreement*. This is required for a petitioner's counsel.
- _____ You did not provide a copy of the original *Attorney Representation Agreement* with your signature. This is required for a petitioner's co-counsel.
- _____ Proof of service was not provided.
- _____ You did not indicate where notices should be sent.
- _____ Another attorney is listed as counsel, and he or she has not withdrawn or been dismissed.
- _____ Other: _____

If you have questions, please contact any Commission office. Return the corrected form to:

**DATA ENTRY UNIT
ILLINOIS WORKERS' COMPENSATION
COMMISSION
69 W. WASHINGTON ST., SUITE 900
CHICAGO, IL 60602**