

**ILLINOIS WORKERS' COMPENSATION COMMISSION**  
**PETITION FOR AN IMMEDIATE HEARING**  
**UNDER SECTION 19(b) OF THE ACT**

Complete both sides of this form.

Case # \_\_\_\_\_ WC \_\_\_\_\_

\_\_\_\_\_  
Employee/Petitioner

v.

\_\_\_\_\_  
Employer/Respondent

I, the petitioner, request an immediate hearing in this matter. I am unable to return to work at this time because of the injuries or disability caused by my employment, and I am not receiving temporary total disability benefits or medical benefits. I further provide the following information:

1. Date, time, and location of accident  
\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Date Time Location
2. Description of accident \_\_\_\_\_
3. Nature of injury \_\_\_\_\_
4. Notice of the accident was given orally \_\_\_ in writing \_\_\_ to \_\_\_\_\_ on \_\_\_\_\_.
5. The employer has refused to pay proper compensation \_\_\_ medical benefits \_\_\_.
6. I did \_\_\_ did not \_\_\_ receive medical treatment for the accident from a medical provider selected by the employer.
7. Name and address of medical provider(s), and dates of treatments: \_\_\_\_\_  
\_\_\_\_\_
8. Are any medical bills in dispute? If so, please list. \_\_\_\_\_  
\_\_\_\_\_
9. On \_\_\_\_\_, I gave the employer (list name and job title) \_\_\_\_\_  
the following information stating I am unable to return to work: A recent statement, signed by a medical provider \_\_\_  
Other (explain) \_\_\_\_\_
10. When was the last payment of temporary total disability benefits, if any? \_\_\_\_\_
11. In an attempt to resolve the disputed matters, \_\_\_\_\_  
Petitioner or petitioner's attorney (please print)  
conferred with \_\_\_\_\_ by telephone \_\_\_ in person \_\_\_  
Respondent or respondent's representative  
on \_\_\_\_\_, but they were unable to resolve this dispute.

\_\_\_\_\_  
Signature of petitioner or petitioner's attorney

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone number

ATTENTION, RESPONDENT. According to Commission Rules, you must file a *Response to the Petition for an Immediate Hearing* within 15 days from the date this petition was served on you. If you fail to respond in good faith, attorney's fees or penalties may be levied against you.

**PROOF OF SERVICE**

If the person who signed the *Proof of Service* is not an attorney, this form must be notarized.  
This form must be served on the arbitrator and other parties 15 days before the status call.

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.

\_\_\_\_\_  
Signature of person completing *Proof of Service*

Signed and sworn to before me on \_\_\_\_\_

\_\_\_\_\_  
Notary Public