

ILLINOIS WORKERS' COMPENSATION COMMISSION
REQUEST FOR HEARING

ATTENTION. Please give this form to the Arbitrator after you obtain a trial date.

Case # _____ WC _____

Consolidated cases: _____

Setting _____

Employee/Petitioner

v.

Employer/Respondent

Petitioner and Respondent are prepared to try this matter to completion on _____, unless the Arbitrator approves other arrangements.

1. Petitioner claims that, on _____, Petitioner and Respondent were operating under the Illinois Workers' Compensation or Occupational Diseases Act, and their relationship was one of employee and employer.

Respondent agrees _____ disputes _____.

2. Petitioner claims that, on the above date, he or she sustained accidental injuries or was last exposed to an occupational disease that arose out of and in the course of employment.

Respondent agrees _____ disputes _____.

3. Petitioner claims Respondent was given notice of the accident within the time limits stated in the Act.

Respondent agrees _____ disputes _____. If in dispute, Petitioner states that on _____, notice was given to _____, with the job title _____.

4. Petitioner claims his or her current condition of ill-being is causally connected to this injury or exposure.

Respondent agrees _____ disputes _____.

5. Petitioner claims his or her earnings during the year preceding the injury were \$ _____, and the average weekly wage, calculated pursuant to Section 10 of the Act, was \$ _____.

Respondent agrees _____ disputes _____ and claims _____.

6. At the time of injury, Petitioner was _____ years old; married _____ single _____; with _____ dependent children.

Respondent agrees _____ disputes _____ and claims _____.

7. Petitioner claims Respondent is liable for the following unpaid medical bills: *Attach a list, if necessary.*

Respondent agrees _____ disputes _____ and claims _____.

Respondent claims it paid \$ _____ in medical bills through its group medical plan for which credit may be allowed under Section 8(j) of the Act.

Petitioner agrees _____ disputes _____ and claims _____.

8. Petitioner claims to be entitled to _____ (Attach a sheet if necessary to list additional periods.)

TTD period(s): _____, representing _____ weeks.
First day of lost time through Last day of lost time

Respondent agrees _____ disputes _____ and claims _____

TPD period(s): _____, representing _____ weeks.
First day through Last day

Respondent agrees _____ disputes _____ and claims _____

Maintenance period(s): _____, representing _____ weeks.
First day through Last day

Respondent agrees _____ disputes _____ and claims _____

9. Respondent claims it paid \$ _____ in TTD, \$ _____ in TPD,
\$ _____ in maintenance, \$ _____ in nonoccupational indemnity disability benefits,
and \$ _____ in other benefits, for which credit may be allowed under §8(j) of the Act.

Petitioner agrees _____ disputes _____ and claims _____

10. The nature and extent of the injury is _____ is not _____ in dispute.

11. Petitioner claims to be entitled to penalties/attorney's fees under §19(k) _____ §19(l) _____ and/or §16 _____.
Petitioner has _____ has not _____ filed a penalty petition.

12. A petition for attorney's fees by a former attorney is _____ is not _____ pending. Petitioner's attorney has notified the former attorney of the date of this hearing.

13. Other issues, not listed above, are: _____

14. STENOGRAPHIC STIPULATION. Both parties agree that if either party files a *Petition for Review of Arbitration Decision* and orders a transcript of the hearings, and if the Commission's court reporter does not furnish the transcript within the time limit set by law, the other party will not claim the Commission lacks jurisdiction to review the arbitration decision because the transcript was not filed timely.

A written decision, including findings of fact and conclusions of law, is requested pursuant to Section 19(b).

Date submitted

Name of Respondent's insurance or service company

Signature of Petitioner or Petitioner's attorney

Signature of Respondent or Respondent's attorney

Attorney's name and IC code #

Attorney's name and IC code #

Name of law firm

Name of law firm

Street address

Street address

City, State, Zip code

City, State, Zip code

Telephone number

Email address

Telephone number

Email address

NOTE: The arbitration decision will be sent by certified mail to the addresses listed above.