

**ILLINOIS WORKERS' COMPENSATION COMMISSION  
PETITION FOR REVIEW OF ARBITRATION DECISION**

To appeal an arbitration decision, file two copies of this form within 30 days of receipt of the decision.

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

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

v.

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

The petitioner \_\_\_\_ respondent \_\_\_\_ requests the Commission to review the arbitration decision for this case, filed on \_\_\_\_\_ and received on \_\_\_\_\_, and to take the following steps:

1. Furnish a transcript of the arbitration hearings, including all exhibits, to be presented to the Commission.  
I guarantee to pay for the cost to prepare the transcript within 30 days from the court reporter's written request, even if I later withdraw this appeal, and enter myself as surety therefor. *Note:* The first party to file a petition will be charged for the cost to prepare the transcript (original rate).  
Provide \_\_\_\_ copy/copies of the transcript. I similarly guarantee payment at the copy rate.
2. Extend the time allowed to file the transcript or the agreed statement of facts by 30 days past the time allowed by statute or stipulation.
3. Consider the issues checked below to which I take exception:

ACCIDENT

- Did it occur?  
 Did it arise out of employment?  
 Was it in the course of employment?  
 Is the date correct?

BENEFIT RATES

- Are the benefit rates correct?  
 Are the wage calculations correct?

EMPLOYMENT

- Was there an employer-employee relationship?

JURISDICTION

- Does the Commission have jurisdiction?

MEDICAL EXPENSES

- Is there a causal connection?  
 Is the charge reasonable?  
 Was the treatment reasonably necessary?  
 Is prospective medical care necessary?

NOTICE

- Was the respondent given proper notice?

OCCUPATIONAL DISEASE

- Was there an exposure?  
 Was there a disease?  
 Did it arise out of employment?  
 Was it in the course of employment?  
 What was the last date of exposure?

OTHER (explain) \_\_\_\_\_

PENALTIES AND FEES

- Section 16  
 Section 19(k)  
 Section 19(l)

PERMANENT DISABILITY

- Is there a causal connection?  
 What is the nature and extent of the disability?

STATUTE OF LIMITATIONS

- Was the case filed within the statute of limitations?

TEMPORARY DISABILITY

- Is there a causal connection?  
 Is the duration of the disability correct?

4. Oral argument: Requested \_\_\_\_ Waived \_\_\_\_

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Street address

\_\_\_\_\_  
Name (please print; attorneys, please include IC attorney code #)

\_\_\_\_\_  
City, State, Zip code

**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.

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

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

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