

**ILLINOIS WORKERS' COMPENSATION COMMISSION**  
**PETITION FOR REVIEW UNDER**  
**SECTION 19(h) OR 8(a) OF THE ACT**

Please file two copies of this form.

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

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

v.

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

Today, \_\_\_\_\_, the petitioner \_\_\_\_ respondent \_\_\_\_ petitions the Commission to review this case under Section 19(h)<sup>1</sup> \_\_\_\_ Section 8(a)<sup>2</sup> \_\_\_\_ of the Act.

I also ask the Commission to furnish \_\_\_\_\_ transcripts of the arbitration hearings, including all exhibits. I guarantee payment for the cost to prepare and copy the transcripts, even if I later withdraw this petition, within 30 days from the court reporter's written request, and enter myself as surety therefor.

\_\_\_\_\_  
Signature

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

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

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

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

\_\_\_\_\_  
Transcript due date

**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

<sup>1</sup> Section 19(h) of the Act provides that if the injured employee's disability has materially changed within 30 months after the decision or settlement contract (if it provides for installment payments, rather than a lump sum payment), either party may request a review by the Commission.

<sup>2</sup> Section 8(a) of the Act provides for a review by the Commission if additional medical expenses are incurred.