

STATE OF ILLINOIS)
)
COUNTY OF _____)

ILLINOIS WORKERS' COMPENSATION COMMISSION
DEDIMUS POTESTATEM

Employee/Petitioner

Case # _____ WC _____

v.

Employer/Respondent

TO:

Because it has been represented to us that each of the individuals listed below: *(List each name and address)*

is a necessary witness in this case and cannot appear at the Commission hearing, we appoint you to examine each witness under oath and to take his or her deposition in response to all oral ____ written questions ____ posed by the petitioner or respondent at the following time and place:

and to certify each deposition to: Data Entry Unit, Illinois Workers' Compensation Commission, 69 W. Washington Street, Suite 900, Chicago, IL 60602

Signature of arbitrator or commissioner

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