

**ILLINOIS WORKERS' COMPENSATION COMMISSION**  
**ARBITRATION CASE INFORMATION SHEET**

ATTENTION. Please complete this form, have both parties sign it, and place it in the arbitrator's message box next to the hearing room door or other area designated by the arbitrator. Do not interrupt the hearings. Be as specific as possible.

You *must* see the arbitrator if your case is above the red line.

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

v.

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

Arbitrator \_\_\_\_\_

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

Today's date \_\_\_\_\_

Status call date and line # \_\_\_\_\_

Please check the appropriate box.

- Petitioner is receiving TTD.
- Petitioner is still treating. Name of doctor/clinic: \_\_\_\_\_  
Date and nature of last treatment: \_\_\_\_\_
- Petitioner is receiving vocational rehabilitation/job placement services.  
Date and nature of last service: \_\_\_\_\_
- Deposition scheduled for \_\_\_\_\_ We expect to be ready for trial by \_\_\_\_\_
- Tentative settlement reached. We will submit contract for approval by \_\_\_\_\_
- Request for approval of Medicare set-aside was submitted on \_\_\_\_\_
- The case will be ready for trial by \_\_\_\_\_
- The case was partially tried on \_\_\_\_\_ Next trial date is \_\_\_\_\_
- Other (explain) \_\_\_\_\_

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

\_\_\_\_\_  
Name of petitioner's attorney (please print)

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Signature of respondent's attorney

\_\_\_\_\_  
Name of respondent's attorney (please print)

\_\_\_\_\_  
Email address

**One-sided or ex parte communication is prohibited. Any correspondence sent to the Commission related to a pending matter must be sent to all parties at the time it is sent to the Commission, and must list the parties to whom copies have been sent.**