

ILLINOIS WORKERS' COMPENSATION
COMMISSION
69 WEST WASHINGTON STREET
SUITE 900
CHICAGO, IL 60602

_____ Case # _____ WC _____
Petitioner

v. Commissioner _____

_____ Return date _____
Respondent

TRANSCRIPT RECEIPT FORM

The Illinois Workers' Compensation Commission acknowledges receipt of the arbitration transcript for this case.

Signature of IWCC employee

Attention, parties. When you authenticate the transcript and return it to the Docket unit, please submit it with two copies of this completed form. If you mail the transcript in, please include a self-addressed stamped envelope. One copy will be date-stamped and returned to you.