

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)¹ ____ Section 8(a)² ____ 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

¹ 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.

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