

**ILLINOIS WORKERS' COMPENSATION COMMISSION
PROOF OF SERVICE**

ATTENTION. If the person who signed the *Proof of Service* is not an attorney, this form must be notarized. Service for documents related to Section 19(b-1) of the Workers' Compensation Act must be made by personal service or certified mail.

I, _____, affirm that I
_____ mailed a copy of this form with proper postage in the city of _____
_____ sent a copy of this form by certified mail (return receipt requested)
_____ delivered a copy of this form
at _____ on _____ to each party at the address listed below.

Signature of person completing *Proof of Service*

Signed and sworn to before me _____

Notary Public