

ILLINOIS WORKERS' COMPENSATION COMMISSION
NOTICE OF CHANGE OF ADDRESS

ATTENTION. Please submit one form for each case.

Employee/Petitioner
v.

Case # _____ WC _____

Employer/Respondent

Effective date _____

Please change your records and direct any future correspondence regarding this case to:

Signature of attorney

Street address

Attorney's name and attorney code # (please print)

City, State, Zip code

Firm name

Telephone number E-mail address

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 the respondent listed on this application and to each
additional party, if any, at the address listed below.

Signed and sworn to before me on _____

Signature of person completing *Proof of Service*

Notary Public