

ILLINOIS WORKERS' COMPENSATION COMMISSION
100 W. RANDOLPH ST. #8-200
CHICAGO, IL 60601

Petitioner

Case # _____ WC _____

v.

Commissioner _____

Respondent

Return date _____

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.