

ILLINOIS WORKERS' COMPENSATION COMMISSION
NOTICE OF MOTION AND ORDER

ATTENTION. You must attach the motion to this notice. If the motion is not attached, this form may not be processed.
Upon filing of a motion before a Commissioner on review, the moving party is responsible for payment for preparation of the transcript.

Case # _____ WC _____

Employee/Petitioner

v.

Employer/Respondent

TO:

On _____, at _____ AM/PM, or as soon thereafter as possible, I shall appear before the Honorable _____, or any arbitrator or commissioner appearing in his or her place at _____, Illinois, and present the attached motion for:

- | | | |
|-------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Change of venue (#3072) | <input type="checkbox"/> Fees under Section 16 (#1600) | <input type="checkbox"/> Reinstatement of case (#3074) |
| <input type="checkbox"/> Consolidation of cases (#3071)
(list case#) | <input type="checkbox"/> Fees under Section 16a (#1645) | <input type="checkbox"/> Request for hearing (#R33) |
| <input type="checkbox"/> Dismissal of attorney (#3052) | <input type="checkbox"/> Hearing under Sect. 19(b) (#1902) | <input type="checkbox"/> Withdrawal of attorney (#3073) |
| <input type="checkbox"/> Dismissal of review (#3085) | <input type="checkbox"/> Penalties under Sect. 19(k) (#1911) | <input type="checkbox"/> Other (explain)
_____ |
| | <input type="checkbox"/> Penalties under Sect. 19(l) (#1912) | |

Signature Petitioner _____ Respondent _____

Street address

Attorney's name and IC code # (please print) ¹

City, State, Zip code

Name of law firm, if applicable

Telephone number

E-mail address

ORDER

The motion is set for hearing on _____

Signature of arbitrator or commissioner

Date

ORDER

The motion is Granted Withdrawn Continued to _____
 Denied Dismissed Set for trial (date certain) on _____

Signature of arbitrator or commissioner

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