

**ILLINOIS WORKERS' COMPENSATION COMMISSION**  
**APPEARANCE OF REPRESENTATIVE**

Please see the other side of this form.

\_\_\_\_\_  
Employee/Petitioner

v.

\_\_\_\_\_  
Employer/Respondent

Case # \_\_\_\_\_ WC \_\_\_\_\_

I hereby enter my appearance as counsel \_\_\_\_ co-counsel \_\_\_\_ for the petitioner \_\_\_\_ respondent \_\_\_\_.

\_\_\_\_\_  
Signature of attorney

\_\_\_\_\_  
Firm's name

\_\_\_\_\_  
Attorney's name and IC attorney code # <sup>1</sup> (please print)

\_\_\_\_\_  
Street address

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
E-mail address

\_\_\_\_\_  
City, State, Zip code

\_\_\_\_\_  
Name of respondent's insurance/service company (please print)

ATTENTION, ATTORNEY. A co-counsel appearance must be accompanied by a copy of the original *Attorney Representation Agreement* with the co-counsel's signature. Please indicate where the Commission should send notices:

\_\_\_\_ Name and address listed above

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

Signed and sworn to before me on \_\_\_\_\_

\_\_\_\_\_  
Signature of person completing *Proof of Service*

\_\_\_\_\_  
Notary Public

**REJECTION OF APPEARANCE**

Date \_\_\_\_\_

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your appearance has been rejected for the following reason(s):

- \_\_\_\_\_ No case number is listed.
- \_\_\_\_\_ The wrong case number is listed.
- \_\_\_\_\_ You did not attach the *Attorney Representation Agreement*. This is required for a petitioner's counsel.
- \_\_\_\_\_ You did not provide a copy of the original *Attorney Representation Agreement* with your signature. This is required for a petitioner's co-counsel.
- \_\_\_\_\_ Proof of service was not provided.
- \_\_\_\_\_ You did not indicate where notices should be sent.
- \_\_\_\_\_ Another attorney is listed as counsel, and he or she has not withdrawn or been dismissed.
- \_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have questions, please contact any Commission office. Return the corrected form to:

**DATA ENTRY UNIT  
ILLINOIS WORKERS' COMPENSATION  
COMMISSION  
69 W. WASHINGTON ST., SUITE 900  
CHICAGO, IL 60602**