

ILLINOIS WORKERS' COMPENSATION COMMISSION
PETITION FOR AN IMMEDIATE HEARING
UNDER SECTION 19(b) OF THE ACT

Complete both sides of this form.

Case # _____ WC _____

Employee/Petitioner

v.

Employer/Respondent

I, the petitioner, request an immediate hearing in this matter. I am unable to return to work at this time because of the injuries or disability caused by my employment, and I am not receiving temporary total disability benefits or medical benefits. I further provide the following information:

1. Date, time, and location of accident
_____ _____ _____
Date Time Location
2. Description of accident _____
3. Nature of injury _____
4. Notice of the accident was given orally ___ in writing ___ to _____ on _____.
5. The employer has refused to pay proper compensation ___ medical benefits ___.
6. I did ___ did not ___ receive medical treatment for the accident from a medical provider selected by the employer.
7. Name and address of medical provider(s), and dates of treatments: _____

8. Are any medical bills in dispute? If so, please list. _____

9. On _____, I gave the employer (list name and job title) _____
the following information stating I am unable to return to work: A recent statement, signed by a medical provider _____
Other (explain) _____
10. When was the last payment of temporary total disability benefits, if any? _____
11. In an attempt to resolve the disputed matters, _____
Petitioner or petitioner's attorney (please print)
conferred with _____ by telephone ___ in person ___
Respondent or respondent's representative
on _____, but they were unable to resolve this dispute.

Signature of petitioner or petitioner's attorney

Date

Telephone number

ATTENTION, RESPONDENT. According to Commission Rules, you must file a *Response to the Petition for an Immediate Hearing* within 15 days from the date this petition was served on you. If you fail to respond in good faith, attorney's fees or penalties may be levied against you.

PROOF OF SERVICE

If the person who signed the *Proof of Service* is not an attorney, this form must be notarized.
This form must be served on the arbitrator and other parties 15 days before the status call.

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