

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

\_\_\_\_\_  
 Employee/Petitioner  
 v.

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

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

On \_\_\_\_\_, the respondent received the petitioner's *Petition for an Immediate Hearing Under Section 19(b) of the Act*. By law, the respondent must reply within 15 days of receipt.

The respondent makes the following claims:	<u>YES</u>	<u>NO</u>
The petitioner was an employee of the respondent on the date of the alleged accident or exposure.	_____	_____
The alleged accident or disease arose out of and in the course of employment.	_____	_____

The respondent indicates its agreement or disagreement with the petitioner's allegations regarding each of the following items:	<u>AGREE</u>	<u>DISAGREE</u>
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- |  |       |       |
|--|-------|-------|
| 1. Date, time, and location of the accident  | _____ | _____ |
| 2. Description of the accident   | _____ | _____ |
| 3. Nature of the injury  | _____ | _____ |
| 4. Notice of the accident  | _____ | _____ |
| 5. Employer's refusal to pay proper compensation and/or medical benefits                     | _____ | _____ |
| 6. Treatment of employee by a medical provider selected by the employer                      | _____ | _____ |
| 7. Medical providers and treatments  | _____ | _____ |
| 8. Medical bills in dispute  | _____ | _____ |
| 9. Employer's receipt of a statement from a medical provider indicating employee cannot work | _____ | _____ |
| 10. Last payment of temporary total disability benefits                                      | _____ | _____ |
| 11. Unsuccessful effort to resolve dispute between employee and employer                     | _____ | _____ |

On the back of this form, please explain each area of disagreement.

\_\_\_\_\_  
 Signature of respondent or respondent's attorney      Date

\_\_\_\_\_  
 Name (please print; attorneys, please include IC code #)

EXPLANATION:

**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