

**ILLINOIS WORKERS' COMPENSATION COMMISSION  
PETITION FOR REVIEW OF ARBITRATION DECISION  
UNDER SECTION 19(b-1) OF THE ACT**

Please file two copies of this form.

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

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

v.

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

The petitioner \_\_\_\_\_ respondent \_\_\_\_\_ requests the Commission to review the arbitration decision for this case, filed on \_\_\_\_\_ and received on \_\_\_\_\_, and to take the following steps:

1. Furnish \_\_\_\_\_ transcripts of the arbitration hearings regarding the Section 19(b-1) petition, including all exhibits. The transcript was \_\_\_\_\_ was not \_\_\_\_\_ ordered at arbitration. I have paid \$ \_\_\_\_\_ to the court reporter and enclose a copy of the check. I guarantee payment for the cost to prepare and copy the transcripts, even if I withdraw this appeal, within 30 days from the court reporter's written request, and enter myself as surety therefor.

2. Consider the issues checked below to which I take exception:

**ACCIDENT**

- \_\_\_ Did it occur?
- \_\_\_ Did it arise out of employment?
- \_\_\_ Was it in the course of employment?
- \_\_\_ Is the date correct?

**BENEFIT RATES**

- \_\_\_ Are the benefit rates correct?
- \_\_\_ Are the wage calculations correct?

**EMPLOYMENT**

- \_\_\_ Was there an employer-employee relationship?

**JURISDICTION**

- \_\_\_ Does the Commission have jurisdiction?

**MEDICAL EXPENSES**

- \_\_\_ Is there a causal connection?
- \_\_\_ Is the charge reasonable?
- \_\_\_ Was the treatment reasonably necessary?
- \_\_\_ Is prospective medical care necessary?

**NOTICE**

- \_\_\_ Was the respondent given proper notice?

**OCCUPATIONAL DISEASE**

- \_\_\_ Was there an exposure?
- \_\_\_ Was there a disease?
- \_\_\_ Did it arise out of employment?
- \_\_\_ Was it in the course of employment?
- \_\_\_ What was the last date of exposure?

**OTHER (explain) \_\_\_\_\_**

**PENALTIES AND FEES**

- \_\_\_ Section 16
- \_\_\_ Section 19(k)
- \_\_\_ Section 19(l)

**STATUTE OF LIMITATIONS**

- \_\_\_ Was the case filed within the statute of limitations?

**TEMPORARY DISABILITY**

- \_\_\_ Is there a causal connection?
- \_\_\_ Is the duration of the disability correct?

I offer the following testimony or exhibits to support my petition: (Cite page/exhibit #, legal references, etc.)

\_\_\_\_\_  
Signature

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

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

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

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

**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 \_\_\_\_\_ sent by certified mail (return receipt requested) \_\_\_\_\_  
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