

**ILLINOIS WORKERS' COMPENSATION COMMISSION
 RESPONSE TO PETITION FOR IMMEDIATE HEARING
 UNDER SECTION 19(b-1) OF THE ACT**

Case # _____ WC _____

 Employee/Petitioner

v.

 Employer/Respondent

On _____, the respondent received the petitioner's *Petition for an Immediate Hearing Under Section 19(b-1) 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 respondent was operating under the Act on the date of the alleged accident.	_____	_____
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>
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, as claimed by petitioner	_____	_____
6. Temporary Total Disability benefits	_____	_____
7. The petitioner was treated by a medical provider selected by the employer.	_____	_____
8. The respondent received a list of medical providers and dates of treatments.	_____	_____
9. The parties tried but were unable to resolve this dispute.	_____	_____
10. The respondent received the names and addresses of employee's witnesses and others testifying.	_____	_____
11. The respondent received a recent medical report stating the employee is unable to work.	_____	_____
12. The respondent received authorization to review the employee's related medical records.	_____	_____
13. The respondent received documents supporting the employee's allegations.	_____	_____
14. The respondent received a list of documents demanded by the employee's subpoena.	_____	_____

ATTENTION, RESPONDENT. You must submit the following items with this response:

15. Complete copies of all documents in the employer's possession that you will use to support this response;
16. A list of all documents you are demanding by subpoena;
17. A list of the names and addresses of witnesses and others you will use to support this response;
18. A list of the name and address of each medical provider selected by the employer to examine the employee pursuant to Section 12 of the Act, and the time and place of each exam.

Explain each item of disagreement (include legal and factual issues):

Signature of person completing form Date

Street address

Name (please print; attorneys, please 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