

STATE OF ILLINOIS            )  
  )  
COUNTY OF \_\_\_\_\_ )

**ILLINOIS WORKERS' COMPENSATION COMMISSION**  
**DEDIMUS POTESTATEM**

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

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

v.

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

TO:

Because it has been represented to us that each of the individuals listed below: *(List each name and address)*

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

is a necessary witness in this case and cannot appear at the Commission hearing, we appoint you to examine each witness under oath and to take his or her deposition in response to all oral \_\_\_\_ written questions \_\_\_\_ posed by the petitioner or respondent at the following time and place:

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

and to certify each deposition to: Data Entry Unit, Illinois Workers' Compensation Commission, 69 W. Washington Street, Suite 900, Chicago, IL 60602

\_\_\_\_\_  
Signature of arbitrator or commissioner

\_\_\_\_\_  
Date

**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