

**ILLINOIS WORKERS' COMPENSATION COMMISSION
REQUEST FOR VOLUNTARY ARBITRATION**

Employee/Petitioner

Case # _____ WC _____

v.

Employer/Respondent

Voluntary Arbitration Case # _____

The petitioner and respondent request the Commission to assign this case to voluntary arbitration under
_____ Section 19(p) of the Workers' Compensation Act _____ Section 19(m) of the Occupational Diseases Act

The parties understand that, by submitting to voluntary arbitration, they are giving up certain rights. They stipulate the only issue in dispute is

_____ Temporary Total Disability _____ Permanent Partial Disability _____ Medical expenses

The parties understand they may select from a list of designated Commission arbitrators or they may submit the case to the American Arbitration Association. The parties choose _____
to hear this matter.

Signature of petitioner Date

Signature of respondent Date

Signature of petitioner's attorney Date

Signature of respondent's attorney Date

Name of petitioner's attorney and IC code #(please print)

Name of respondent's attorney and IC code # (please print)

OPTION TO PROCEED WITHOUT AN ATTORNEY

Voluntary arbitration under Section 19(p) or Section 19(m) requires an understanding of the Workers' Compensation Act or Workers' Occupational Diseases Act as well as the laws of evidence and trial procedure. You are entitled to be represented by an attorney if you so desire. The arbitrator's decision under this procedure is conclusive on all findings of fact and your rights to appeal to the Courts are strictly limited to questions of law.

Before beginning the trial, the arbitrator read and discussed the above paragraph with the petitioner, who has chosen to proceed without an attorney. This election is confirmed by the signatures below.

Signature of arbitrator

Date

Signature of petitioner

Signature of respondent