

**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