

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

 Employee/Petitioner
 v.

Case # _____ WC _____

 Employer/Respondent

On _____, the respondent received the petitioner's *Petition for an Immediate Hearing Under Section 19(b) 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 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>
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|--|-------|-------|
| 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 | _____ | _____ |
| 6. Treatment of employee by a medical provider selected by the employer | _____ | _____ |
| 7. Medical providers and treatments | _____ | _____ |
| 8. Medical bills in dispute | _____ | _____ |
| 9. Employer's receipt of a statement from a medical provider indicating employee cannot work | _____ | _____ |
| 10. Last payment of temporary total disability benefits | _____ | _____ |
| 11. Unsuccessful effort to resolve dispute between employee and employer | _____ | _____ |

On the back of this form, please explain each area of disagreement.

 Signature of respondent or respondent's attorney Date

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

EXPLANATION:

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