

ILLINOIS WORKERS' COMPENSATION COMMISSION
ARBITRATION CASE INFORMATION SHEET

ATTENTION. Please complete this form, have both parties sign it, and place it in the arbitrator's message box next to the hearing room door or other area designated by the arbitrator. Do not interrupt the hearings. Be as specific as possible.

You *must* see the arbitrator if your case is above the red line.

Employee/Petitioner

v.

Employer/Respondent

Arbitrator _____

Case # _____ WC _____

Today's date _____

Status call date and line # _____

Please check the appropriate box.

- Petitioner is receiving TTD.
- Petitioner is still treating. Name of doctor/clinic: _____
Date and nature of last treatment: _____
- Petitioner is receiving vocational rehabilitation/job placement services.
Date and nature of last service: _____
- Deposition scheduled for _____ We expect to be ready for trial by _____
- Tentative settlement reached. We will submit contract for approval by _____
- Request for approval of Medicare set-aside was submitted on _____
- The case will be ready for trial by _____
- The case was partially tried on _____ Next trial date is _____
- Other (explain) _____

Signature of petitioner's attorney

Name of petitioner's attorney (please print)

Email address

Signature of respondent's attorney

Name of respondent's attorney (please print)

Email address

One-sided or ex parte communication is prohibited. Any correspondence sent to the Commission related to a pending matter must be sent to all parties at the time it is sent to the Commission, and must list the parties to whom copies have been sent.