

**ILLINOIS WORKERS' COMPENSATION COMMISSION**  
**NOTICE OF INTENT TO FILE FOR REVIEW IN CIRCUIT COURT**

Please submit two copies of this form.

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

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

v.

IWCC Case # \_\_\_\_\_ IWCC \_\_\_\_\_

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

I have filed a *Notice of Intent to File for Review in Circuit Court* with the  
Illinois Workers' Compensation Commission on \_\_\_\_\_ .

\_\_\_\_\_  
Signature    Petitioner \_\_\_\_\_    Respondent \_\_\_\_\_

\_\_\_\_\_  
Street address

\_\_\_\_\_  
Attorney's name and IC code # (please print)

\_\_\_\_\_  
City, State, Zip code

\_\_\_\_\_  
Name of law firm, if applicable

\_\_\_\_\_  
Telephone number

\_\_\_\_\_  
E-mail address