COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF LABOR & INDUSTRY
OFFICE OF ADJUDICATION - PETITIONS SECTION
1171 S. CAMERON STREET, ROOM 103
HARRISBURG, PA 17104-2501
(TOLL FREE) 800-482-2383
TTY 800-362-4228

PETITION TO/FOR:
(Check any that apply)

EMPLOYEE SOCIAL SECURITY NUMBER

DATE OF INJURY
MONTH DAY YEAR

PA BWC CLAIM NUMBER (IF KNOWN)

- ☐ Penalties (For violation of the Act, Rules and Regulations)
- ☐ Review Medical Treatment and/or Billing
- ☐ Terminate Compensation Benefits (Stop payment of Workers' Compensation)
- ☐ Terminate Compensation: Based upon physician's affidavit, a special supersedeas hearing to be scheduled ☐
- ☐ Modify Compensation Benefits (Reduce/increase amount of Workers' Compensation)
- ☐ Suspend Compensation Benefits
- ☐ Review Compensation Benefits (Ask Judge to Review Agreement/Notice for mistakes)
- ☐ Review Compensation Benefit Offset
- ☐ Reinstate Compensation Benefits
- ☐ Set aside Final Receipt (Ask Judge to set aside Agreement to Stop Compensation)
- ☐ Seek approval of a Compromise and Release Agreement (Ask Judge to approve settlement)

This petition is filed on behalf of: ☐ Employee ☐ Employer/Insurer

EMPLOYEE

First Name
Last Name
If Deceased - Dependent or Guardian
First Name
Last Name
Address
Address
City/Town State Zip
County
Telephone ( )

NOTICE: This petition must be filed with the Workers' Compensation Office of Adjudication - Petitions Section, with a copy being served on the opposing party. If this petition is filed by the insurer or employer, they must attach a Notice to Employee, Form LIBC-758, to the employee's copy. Questions regarding the completion of this form may be directed to the Workers' Compensation Helpline at 800-482-2383.

EMPLOYER

Name
Address
Address
City/Town State Zip
County
Telephone ( ) FEIN

VS. INSURER or THIRD PARTY ADMINISTRATOR (if self insured)

Name
Address
Address
City/Town State Zip
Telephone ( ) Bureau Code
County
Claim # FEIN

TO YOUR HONORABLE JUDGE:

As of MONTH DAY YEAR the above petitioner requests the Workers' Compensation Judge to order the above action for the following reason(s):

- ☐ 1. Full Recovery
- ☐ 2. Special Job Offered
- ☐ 3. Work Generally Available
- ☐ 4. Able to Return to Unrestricted Work
- ☐ 5. Has Returned to Work
- ☐ 6. Reasonable Treatment Refused
- ☐ 7. Resolution to Specific Loss
- ☐ 8. Incorrect Description of Injury
- ☐ 9. Incorrect Average Weekly Wage
- ☐ 10. Medical Bills Unpaid
- ☐ 11. Medical Bills Not Related
- ☐ 12. Worsening of Condition
- ☐ 13. Injury Causing Decreased Earning Power
- ☐ 14. Section 314 Order Violated
- ☐ 15. Voluntary Withdrawal from Workforce
- ☐ 16. Violation of the Act, Rules and Regulations
- ☐ 17. Subrogation, Credit for
  - ☐ U.C. ☐ Social Security ☐ Third Party Recovery
  - ☐ S&A ☐ Pension
- 18. Other _____

378 1011

BACK OF FORM MUST BE COMPLETED

Compensation benefits are ☐ being paid ☐ have been paid based on a:

☐ Notice of Compensation Payable dated MONTH DAY YEAR

☐ Agreement dated MONTH DAY YEAR

☐ Supplemental Agreement dated MONTH DAY YEAR

☐ Judge's Award dated MONTH DAY YEAR

☐ Board Order dated MONTH DAY YEAR

☐ Court Order dated MONTH DAY YEAR

A supersedeas is requested pursuant to Section 413(A.2). ☐ Yes ☐ No
If Yes, list reasons:

Compensation has been or is being paid as follows:

Weekly rate $ _____ . __ Paid for _____ Weeks ___ Days to Date

Average weekly wage $ _____ . __

Date of most recent payment MONTH DAY YEAR

I hereby certify that a copy of this petition has been served on the opposing party on MONTH DAY YEAR at the address shown on the face of this form.

PLEASE ENTER MY APPEARANCE FOR PETITIONER:

Attorney

Name

Firm Name

Address

Address

City/Town State Zip Code

Telephone PA Attorney ID Number

( ) -

Counsel for Respondent (if known):

Name

Firm Name

Address

Address

City/Town State Zip Code

Telephone PA Attorney ID Number

( ) -

Signature of Petitioner or Representative

Name of Petitioner or Representative

DATE OF PETITION

MONTH DAY YEAR

Any individual filing misleading or incomplete information knowingly and with intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S. §1039.2, and may also be subject to criminal and civil penalties under 18 Pa.C.S.A. §4117 (relating to insurance fraud).

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program