W.C.C. # of pending cases: _____

_____

State of Rhode Island and Providence Plantations

Providence, SC. Workers' Compensation Court

Employee's Petition for Compensation Benefits

1. NAME OF INJURED EMPLOYEE – Petitioner	Social Security Number **XXX – XX –** (last 4 digits only)	6. NAME OF EMPLOYER - Respondent	
2. HOME ADDRESS (Street, No., City or Town, State and Zip Code)		7. BUSINESS ADDRESS (Street, No., City or Town, State and Zip Code)	
	Date of Birth - -	8a. NAME OF AGENT FOR SERVICE OF PROCESS	
3. DESCRIPTION OF EMPLOYEE'S JOB		8b. ADDRESS OF AGENT FOR SERVICE OF PROCESS	
4. NATURE OF EMPLOYER'S BUSINESS		9. NAME OF EMPLOYER'S INSURANCE CARRIER ON DATE OF ALLEGED INJURY	
5. DATE OF ALLEGED INJURY (MONTH, DAY, YEAR, TIME)		10. DID INJURY OCCUR ON EMPLOYER'S PREMISES? ☐ Yes ☐ No	

11. IF NOT ON EMPLOYER'S PREMISES, WHERE DID INJURY OCCUR?

12. NAME(S) AND ADDRESS (ES) OF WITNESS (ES) TO INJURY

13. HOW DID INJURY OCCUR?

14. NATURE OF INJURY AND PARTS OF BODY AFFECTED BY INJURY

15. NAME(S) OF PHYSCIAN(S) AND HOSPITAL(S) WHO HAVE RENDERED SERVICES

16. WEEKLY WAGES AT TIME OF INJURY 17. FIRST DAY OF LOST TIME

18. (a) DID YOU RECEIVE WAGES FROM YOUR EMPLOYER WHILE ABSENT FROM WORK? ☐ Yes ☐ No (b) IF SO, TO WHAT DATE?

19. (a) DID YOU RETURN TO WORK FOLLOWING THE INJURY? ☐ Yes ☐ No (b) IF SO, WHAT DATE?

20. (a) FOR WHOM DID YOU RETURN TO WORK (Give Name and Address)? (b) AT WHAT WEEKLY WAGE?

21. NAME AND TITLE OF PERSON IN EMPLOY OF YOUR EMPLOYER WHOM YOU NOTIFIED, OR WHO HAD KNOWLEDGE OF YOUR INJURY

22. (a) DID YOU RECEIVE WORKERS' COMPENSATION BENEFITS FROM YOUR EMPLOYER OR THEIR INSURER FOR THE ABOVE INJURY?

☐ Yes ☐ No (b) IF SO, TO WHAT DATE?

23. WAS A NON-PREJUDICIAL AGREEMENT CONCERNING COMPENSATION BENEFITS ENTERED INTO WITH YOUR EMPLOYER OR THEIR INSURER?

☐ Yes ☐ No

CHECK BELOW THE BENEFITS YOU ARE SEEKING

☐ TOTAL DISABILITY COMPENSATION FROM TO

☐ PARTIAL DISABILITY COMPENSATION FROM TO

☐ MEDICAL BENEFITS

☐ NO LOST TIME

☐ NAME OF DEPENDENT SPOUSE AND NAMES AND BIRTH DATES OF DEPENDENT CHILDREN AS DEFINED IN R.I.G.L. § 28-33-17.

☐ PERMISSION TO HAVE MAJOR SURGERY PERFORMED, NAMELY:

☐ SPECIFIC COMPENSATION CONCERNING THE FOLLOWING BODILY MEMBER (S) OR FUNCTION (S):

☐ COUNSEL, WITNESS AND SHERIFF'S FEES

Name of Attorney

Signature of Employee

Address and Phone Number of Attorney

Date

Bar Registration Number

Signature of Attorney

(Rev 02/08) Distribution: White-Original/Pink-Agent for Service of Process-Employer/Gold-Employees Attorney/Yellow-Insurance Carrier/Blue-TDI/Green-DHS