



W.C.C. # of pending cases:

State of Rhode Island and Providence Plantations
Providence, S.C.

Workers' Compensation Court

Petition Coversheet

W.C.C. # _____

Petitioner:

Respondent:

Petitioner Name

Respondent Name

Address

Address

Social Security Number

Insurer:

Agent for Service (employee petitions only):

Insurer Name

Agent Name

Address

Address

Physician/Hospital (medical petitions only):

Patient (medical petitions only):

Physician/Hospital Name

Physician/Hospital Name

Address

Address

Petitioner's Attorney: _____

Bar No.: _____

Respondent's Attorney: _____

Bar No.: _____

Nature of Proceeding – Check the applicable case type (check one only)

- | | | | |
|-----------------------------|-----------------------------------|-----------------------------|----------------------------------|
| <input type="checkbox"/> AL | ADJUDGE IN COMTEMPT-DEPT OF LABOR | <input type="checkbox"/> RR | EE'S PET TO ADJ EMPR IN CONTPT |
| <input type="checkbox"/> AR | ANNUAL COURT REVIEW | <input type="checkbox"/> RS | ER'S PET FOR RELIEF UNDER SIIF |
| <input type="checkbox"/> AY | ASSESS OF PENALTY-DEPT OF LABOR | <input type="checkbox"/> RW | ER'S PET FOR REHAB PROGRAM REV |
| <input type="checkbox"/> DE | ENFORCE DIRECTOR'S ORDER | <input type="checkbox"/> SP | EE'S PETITION SPECIFIC COMP |
| <input type="checkbox"/> DH | DEATH BENEFIT | <input type="checkbox"/> CO | COMMUTATION |
| <input type="checkbox"/> EE | EMPLOYEES PETITION TO REVIEW | <input type="checkbox"/> DC | DETERMINATION OF CONTROVERSY |
| <input type="checkbox"/> EF | PETITION TO ENFORCE | <input type="checkbox"/> DR | DIRECTOR'S REVIEW |
| <input type="checkbox"/> EG | EE'S RIGHT TO REINSTATEMENT | <input type="checkbox"/> ED | ER'S DISPUTE OF INSUR. COVERAGE |
| <input type="checkbox"/> EO | EMP PET REV-DIRECTORS ORDER | <input type="checkbox"/> EU | EE'S PET FOR RELIEF UNDER SIIF |
| <input type="checkbox"/> EP | EE'S PET TO AMEND PA OR DCRE | <input type="checkbox"/> EW | EE'S APPEALS FROM DEPT FOR DNV |
| <input type="checkbox"/> ER | EMPLOYER'S PETITION TO REVIEW | <input type="checkbox"/> IC | INS'S DISPUTE OF INSUR. COVERAGE |
| <input type="checkbox"/> ES | ENFORCE DIRECTOR'S SUS ORDER | <input type="checkbox"/> MA | MEDICAL ADVISORY BOARD APPEAL |
| <input type="checkbox"/> HP | HOSPITAL PETITION | <input type="checkbox"/> NS | EMPLOYER'S NOTICE TO SUSPEND |
| <input type="checkbox"/> MD | EE'S PET TO REVIEW – MEDICAL PAY | <input type="checkbox"/> RM | ER'S APPEALS FROM DEPT FOR DNV |
| <input type="checkbox"/> MS | MISCELLANEOUS | <input type="checkbox"/> RO | ER'S PET REV-DIRECTORS ORDER |
| <input type="checkbox"/> OP | ORIGINAL PETITION | <input type="checkbox"/> RQ | REQ PERMISISION FOR MAJOR SURG |
| <input type="checkbox"/> PP | PHYSICIAN'S PETITION | <input type="checkbox"/> SM | SETTLEMENT OF DISPUTED CLAIMS |
| <input type="checkbox"/> RD | ER'S PET TO AMEND PA OR DCRE | <input type="checkbox"/> WO | STOP WORK ORDER |
| <input type="checkbox"/> RH | EE'S PET FOR REHAB PROGRAM REV | | |