

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS
COUNTY DEPARTMENT - LAW DIVISION

_____ } No. _____
 v. }
 Illinois Workers' Compensation Commission }
 of Illinois and }

SUMMONS TO ILLINOIS WORKERS' COMPENSATION COMMISSION
WORKER'S COMPENSATION REVIEW

To the Illinois Workers' Compensation Commission of Illinois:

YOU ARE SUMMONED and required, pursuant to a request for review filed by _____

on _____, _____, to certify to this court on _____, _____,
 a transcript of the proceedings had before you in Illinois Workers' Compensation Commission No. _____
 _____ in which a decision or award was rendered on _____, _____,
 by you for _____
 and against _____.

Atty. No.: _____
 Name: _____
 Atty. For: _____
 Address: _____
 City/State/Zip: _____
 Telephone: _____

WITNESS _____, _____

DOROTHY BROWN, Clerk of Court

Date of service _____,
 (To be inserted by officer on copy left with Illinois Workers' Compensation
 Commission)

**Service by Facsimile Transmission will be accepted at: _____

(Area Code) (Facsimile Telephone Number)