

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

v.

Illinois Workers' Compensation Commission
of Illinois and

}

No. _____

SUMMONS TO RESPONDENT
WORKER'S COMPENSATION REVIEW

To _____, respondent, and
_____, attorney for respondent.

YOU ARE SUMMONED and required to file your appearance in this case in the office of the clerk of this court located in Room 801, Richard J. Daley Center, Chicago, Illinois, on or before* _____
_____, _____ and show cause why the decision or award of the Illinois Workers' Compensation Commission of Illinois rendered on _____, _____, for _____ against _____ should not be reversed. IF YOU FAIL TO DO SO, THE DECISION OR AWARD MAY BE REVERSED.

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

WITNESS _____,

DOROTHY BROWN, Clerk of the Circuit Court
Date of service _____,
(To be inserted by officer on copy left with employer or other person)

*10 to 60 days from date of issuance of this summons

**Service by Facsimile Transmission will be accepted at: _____
(Area Code) (Facsimile Telephone Number)