

BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

<p>_____ , vs. Claimant, _____ , Employer, _____ , Insurance Carrier, _____ , Defendant(s).</p>	<p>File No(s).: _____ _____</p> <p style="text-align: center;">Original Notice & Petition Concerning Application for Vocational Training & Education for Shoulder Injuries</p>
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ORIGINAL NOTICE

- An action has been filed with the Iowa Workers' Compensation Commissioner, seeking relief under Iowa Code section 85.70(2) and Rule 876 IAC 4.50, as set forth in the Petition below.
- Failure to participate could impact your rights and responsibilities under Iowa workers' compensation law.
- You may wish to seek representation of an attorney.

PETITION

1. Claimant's address is: _____
2. Employer's address is: _____
3. Insurance carrier's address is: _____
4. The petitioner is: _____
5. The Iowa Division of Workers' Compensation (DWC):
 - Issued a decision finding the claimant sustained a permanent partial disability to a shoulder or shoulder(s) for which compensation is payable under Iowa Code section 85.34(2)(n) and cannot return to gainful employment because of the disability. The decision is attached.
 - Has not issued a decision concerning the claimant's alleged shoulder injury, but the parties have agreed the claimant sustained a permanent partial disability for which compensation is payable under Iowa Code section 85.34(2)(n) and cannot return to gainful employment because of the disability.
6. Iowa Workforce Development (IWD) evaluated the claimant on _____.
7. IWD determined:
 - Claimant would benefit from the following vocational training and education program:

 - Claimant would not benefit from a vocational training and education program.

8. Petitioner is filing this petition for the following reason(s):

9. Petitioner seeks the following relief:

10. A hearing is requested: By Phone. Call the petitioner(s) for the hearing at: _____
 In person in Des Moines, Iowa.

11. The provisions of Iowa Code section 85.70(2) and Rule 876 IAC 4.50 are invoked.

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Signature of Attorney for Petitioner(s)

Signature of Self-Represented Petitioner(s)

Name (PIN): _____

Name: _____

Email: _____

Email: _____

Phone: _____

Phone: _____

Fax: _____

Fax: _____

Address: _____

Address: _____

PROOF OF SERVICE

I, _____, hereby swear or affirm under Iowa law and the penalty of perjury that on _____ I served a copy of the foregoing instrument by:

Certified mail, return receipt requested, to _____ at the address provided in Paragraph(s) _____ of the Petition.

Other: _____.

Signature

Date



IOWA DIVISION OF WORKERS' COMPENSATION
www.IowaWorkComp.gov

Form 100D (14-0012)
Updated December 2019