

INSTRUCTIONS

Original Notice & Petition Concerning Application for Alternate Care

Form 100C (14-0011) — Updated October 15, 2019

Overview

- Alternate care is the only issue that can be considered when you start a case by filing this form.
- An attorney representing the claimant or self-represented claimant must file this form to start a contested case proceeding on the issue of alternate care.
- This procedure is not available if the employer disputes liability on the claim generally. If liability is disputed, this case will be dismissed without prejudice. Disputed cases should be commenced under Rule 876 IAC 4.1.
- The information provided in this case will be open for public inspection under Iowa Code section 22.1.

Adobe Acrobat Reader

- You must use Adobe Acrobat Reader to complete Iowa Division of Workers' Compensation (DWC) forms electronically. Other PDF readers might not render the forms correctly.
- You can get Adobe Acrobat Reader for free at <https://get.adobe.com/reader/>.

Instructions

1. Download the form at: <https://www.iowaworkcomp.gov/pdfs>.

Complete the form by typing the information into the fill-able fields on the PDF or by printing the form and handwriting in print the information on the printed form.

2. Complete the caption by providing in the corresponding blank the:

- Name of the claimant
- Name of the employer
- Name of any insurance carrier
- Name(s) of any other defendant(s)
- Any agency file number(s)

NOTE: In some cases, there is not an insurance carrier (e.g., when the employer is self-insured) or any other defendant(s).

3. Complete the Petition by filling out paragraphs 1, 2, 3, 4, 5, 6, 8, 9, and 11.
4. Provide your information.

- If you are an attorney representing the claimant, provide your information under “Signature of Attorney for Claimant.”
 - If you are a self-represented claimant, provide your information under “Signature of Self-Represented Claimant.”
5. Sign the form (Rule 876 IAC 4.11).
 - If you are an attorney representing the claimant, sign on the “Signature of Attorney for Claimant” line.
 - If you are a self-represented claimant, sign on the “Signature of Self-Represented Claimant” line.
 6. Attach completed claimant’s confidential information sheet.
 7. Deliver a completed copy of the form to the employer by certified mail, return receipt requested, or by personal service as in civil actions (Rule 876 IAC 4.7) and mail a copy to the employer’s attorney of record for this file, if known (Rule 876 IAC 4.13).
 8. Complete the proof of service portion on the original of this form and file the completed form.

Mandatory eFiling

- A case on the issue of alternate care is a contested case proceeding.
- The DWC is implementing mandatory electronic filing (eFiling) on the Workers' Compensation Electronic System (WCES) in contested case proceedings effective July 22, 2019.
- You must eFile on WCES documents, such as this completed form, unless the DWC has granted you an eFiling exception.
- For more information about eFiling on WCES, go to www.IowaWorkComp.gov.