BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

_____, Claimant(s), vs. _____, Employer, _____, Insurance Carrier, _____, Defendant(s).	No(s).: _____ _____ **Original Notice & Petition Concerning Application for Alternate Care**

TO THE ABOVE-NAMED DEFENDANT(S):

- You are notified that the above-named claimant has filed with the Iowa Division of Workers' Compensation (DWC) this original notice and petition naming you as the defendant(s).
- You may file an answer, but it is not necessary due to time constraints. If no answer is filed, you will be required to provide a response at a hearing. Failure to participate may impact your rights and responsibilities under Iowa Code section 85.27.
- If the defendant(s) dispute liability, this case will be dismissed without prejudice.
- You are advised to seek legal advice at once to protect your rights. If applicable, you should promptly notify your workers' compensation insurance carrier.

PETITION

1. Employer's address is: _____
2. Insurance carrier's address is: _____
3. Claimant sustained injury arising out of and in the course of employment with the employer on:

   _____
4. Claimant's injury occurred in the following city, county, and state:

   City: _____ County: _____ State: _____
5. Body part(s) affected or disabled: _____

   _____
6. The injury has caused need for care to the following body part(s) or condition(s):

   _____
7. The care offered by the employer is not reasonably suited to treat the injury or condition without undue inconvenience to the claimant.

8. Claimant is dissatisfied with the care provided and has communicated that dissatisfaction to the employer. Claimant's reason(s) for dissatisfaction are:

9. Claimant seeks the following relief under Iowa Code section 85.27:

10. Employer does not dispute liability for this claim.

11. A hearing is requested: ☐ By Phone. Call the claimant for the hearing at: _____

☐ In person in Des Moines, Iowa.

12. The provisions of Iowa Administrative Code rule 876—4.48 are invoked.

_____

Signature of Attorney for Claimant – *or* – Self-Represented Claimant

Full Name: _____

Law Firm: _____

Telephone: _____

Email: _____

Mailing Address: _____

_____

_____

PROOF OF SERVICE

I, _____, hereby swear or affirm under Iowa law and the penalty of perjury that I mailed a copy of the foregoing instrument by certified mail, return receipt requested, to the address of the employer, as provided in Paragraph 1 of the petition, on the following date: _____.

_____ _____

Signature Date