

BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

<p>_____ , vs. Claimant(s),</p> <p>_____ , Employer,</p> <p>_____ , Insurance Carrier,</p> <p>_____ , Respondent(s).</p>	<p>No(s): _____ _____</p> <p style="text-align: center;">Original Notice & Petition Concerning Vocational Training & Education</p>
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TO THE ABOVE-NAMED DEFENDANT(S):

- You are notified that an action has been filed with the Iowa Division of Workers' Compensation seeking relief under Iowa Code section 85.70(2) and Iowa Administrative Code rule 876—4.50 as set forth in the petition below.
- You must file with DWC an answer or otherwise respond within 20 days of receipt of this document. If you do not, the DWC may enter judgment by default against you for the relief demanded in the petition or impose sanctions under Iowa Administrative Code rule 876—4.36.
- You are advised to seek legal advice at once to protect your interests. If applicable, you should promptly notify your workers' compensation insurance carrier.

PETITION

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

 - 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. Petitioner requests a hearing: By phone. Call petitioner for the hearing at: _____
 In person in Des Moines, Iowa.

Petitioner invokes Iowa Code section 85.70(2) and Iowa Administrative Code rule 876—4.50 and prays the agency grant the relief sought.

Signature of Attorney for Petitioner(s) - or - Representative of Petitioner(s)

Full Name: _____
Law Firm/Entity: _____
Telephone: _____
Email: _____
Mailing Address: _____

PROOF OF SERVICE

I, _____, hereby swear or affirm under Iowa law and the penalty of perjury that, in accordance with Iowa Code section 85.39(2), on the date of _____, I served a copy of the foregoing instrument:

By certified mail, returned receipt requested, to _____ at the address provided in Paragraph ____.
 Other: _____

Signature

Date



Iowa Department of **INSPECTIONS APPEALS & LICENSING**
Division of **WORKERS' COMPENSATION**
Original Notice & Petition Concerning Vocational Education & Training
Form 100D (14-0012) — Last Updated July 1, 2023
www.IowaWorkComp.gov

