



- 7. The training described in Paragraph 6 is recognized by Iowa Vocational Rehabilitation Services (IVRS).
- 8. Claimant is receiving services from IVRS.

Signature of IVRS Counselor: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Name of IVRS Counselor: \_\_\_\_\_

IVRS Office Address: \_\_\_\_\_

9. Claimant:

- Waives an evidentiary hearing under Iowa Code section 17A.12.
- Requests an evidentiary hearing.

- or -

\_\_\_\_\_  
Signature of Attorney for Claimant

\_\_\_\_\_  
Signature of Self-Represented Claimant

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 the employer's address provided in Paragraph 1 of the Petition.
- Other: \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The information provided will be open to public inspection under Iowa Code sections 22.11 and 86.45(1).

	<b>IOWA DIVISION OF WORKERS' COMPENSATION</b> <a href="http://www.iowaWorkComp.gov">www.iowaWorkComp.gov</a>	Form 100B (14-0009) Updated July 2019
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