

(I)(we) further submit for your consideration the following additional facts:

For the above reasons, (I)(we) request that your Honorable Judge _____ the said petition for commutation in the captioned case.

WHEREFORE, the respondent requests that the petition be dismissed or in the alternative disallowed.

Notice: This answer must be filled out as fully as possible. If not filing electronically, the original must be sent to the office of the Judge to whom the case is assigned. You must send a copy to all unrepresented parties, and to the attorney of record for all other parties which are represented by counsel. A Proof of Service must be attached. A Proof of Service is a signed statement signed by you verifying that you have sent a copy of the petition to all parties and their attorneys, if known. Answers must be filed within 20 days of the assignment of the petition. Questions regarding the completion of this form may be directed to the Bureau of Workers' Compensation Claims Information Services.

PLEASE ENTER MY APPEARANCE FOR RESPONDENT:

Attorney's name _____
PA Attorney ID number _____
Firm name _____
Address _____
Address _____
City/Town _____ State _____ ZIP _____
Telephone _____

Date filed
[] [] - [] [] - [] [] [] []
MM DD YYYY

Attorney's signature

Attorney's name (typed/printed)

Respondent's signature

Respondent's name (typed/printed)

Any individual filing misleading or incomplete information knowingly and with the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S. §1039.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).

Employer Information Services
717.772.3702

Claims Information Services
toll-free inside PA: 800.482.2383
local & outside PA: 717.772.4447

Hearing Impaired
PA Relay 7-1-1

Email
ra-li-bwc-helpline@pa.gov



*Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program*