pennsylvania
DEPARTMENT OF LABOR & INDUSTRY
WORKERS' COMPENSATION OFFICE OF ADJUDICATION

DEFENDANT'S ANSWER TO OCCUPATIONAL DISEASE CLAIM PETITION SECTION 301(i) ONLY

EMPLOYEE SOCIAL SECURITY NUMBER OR WC ID NUMBER

___ - __ - ____ _____

DATE OF INJURY

__ - __ - ____
MM DD YYYY

WCAIS CLAIM NUMBER

_____

EMPLOYEE

First name _____

Last name _____

Date of birth _____

Address _____

Address _____

City/Town _____ State ____ ZIP _____

County _____

Telephone _____

VS.

Commonwealth of Pennsylvania
Department of Labor & Industry
Harrisburg, Pennsylvania

TO THE HONORABLE WORKERS' COMPENSATION JUDGE:

Answers must be identified by numerical order in direct response to corresponding numbered allegation on claim petition.

The answer of the defendant to the above-captioned claim petition respectfully represents:

_____

_____

_____

_____

_____

As a further matter of defense, the defendant states the following:

_____

_____

Wherefore, the defendant requests that the claim petition be dismissed.

Enter my appearance for defendant (typed)

_____
Attorney's name

_____
Address

_____
Address

_____
Assistant counsel's signature
Bureau of Workers' Compensation

I verify that the foregoing answer is true and correct upon information and belief. I understand false statements are subject to the penalties of 18 Pa.C.S. §4904, relating to unsworn falsification to authorities.

This answer should be filed direct with the office of the Workers' Compensation Judge to whom the case is assigned. Answer must be filed within 20 days. Every allegation in the claim petition not specifically denied will be deemed to be admitted. But the failure to deny a fact so alleged shall not preclude the Workers' Compensation Judge before whom the petition is heard from requiring of his or her own motion proof of such fact.

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	**Claims Information Services**	**Hearing Impaired**	**Email**
717.772.3702	toll-free inside PA: 800.482.2383 local & outside PA: 717.772.4447	PA Relay 7-1-1	ra-li-bwc-helpline@pa.gov

Auxiliary aids and services are available upon request to individuals with disabilities.
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