

IN THE CIRCUIT COURT OF COOK COUNTY, ILLINOIS  
COUNTY DEPARTMENT, LAW DIVISION

\_\_\_\_\_  
v.  
Illinois Workers' Compensation Commission of Illinois and  
\_\_\_\_\_

No. \_\_\_\_\_

SUMMONS TO RESPONDENT  
WORKER'S COMPENSATION REVIEW

To \_\_\_\_\_, respondent, and  
\_\_\_\_\_, attorney for respondent.

YOU ARE SUMMONED and required to file your appearance in this case in the office of the clerk of this court located in Room 801, Richard J. Daley Center, Chicago, Illinois, on or before\* \_\_\_\_\_ and show cause why the decision or award of the Illinois Workers' Compensation Commission of Illinois rendered on \_\_\_\_\_, for \_\_\_\_\_ against \_\_\_\_\_ should not be reversed. **IF YOU FAIL TO DO SO, THE DECISION OR AWARD MAY BE REVERSED.**

Atty. No.: \_\_\_\_\_  
Name: \_\_\_\_\_  
Atty. for: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Primary Email Address: \_\_\_\_\_  
Secondary Email Address(es): \_\_\_\_\_

Witness: \_\_\_\_\_  
\_\_\_\_\_  
DOROTHY BROWN, Clerk of Court  
Date of Service: \_\_\_\_\_  
(To be inserted by officer on copy left with employer or other person)

\*10 to 60 days from date of issuance of this summons.  
\*\*Service by Facsimile Transmission will be accepted at: \_\_\_\_\_  
(Area Code) (Facsimile Telephone Number)