

**IN THE CIRCUIT COURT OF THE TWELFTH JUDICIAL CIRCUIT
WILL COUNTY, ILLINOIS**

Plaintiff

vs

CASE NO: _____

**The Illinois Worker's Compensation Commission
and**

Defendants

**SUMMONS IN ADMINISTRATIVE REVIEW
(Workers' Comp Only)**

To each defendant:

You are hereby summoned and required to file your appearance on or before _____, 20 ____, in the above entitled proceeding, in the Office of the Clerk of this Court. E-filing is now mandatory for documents in civil cases with limited exemptions. To e-file, you must first create an account with an e-filing servicer provider. Visit <https://efile.illinoiscourts.gov/servicer-providers.htm> to learn more and to select a service provider. If you need additional help or have trouble e-filing, visit <http://www.illinoiscourts.gov/FAQ/gethelp.asp>, or talk with your local circuit clerk's office.

The Illinois Workers' Compensation Commission shall, on or before _____, 20 ____, certify and file, in the above-entitled proceeding, in the office of the clerk of this court, a transcript of the proceedings had before the Commission, in Illinois Workers' Compensation Commission No. _____, in which a decision or award was rendered on _____, 20 ____, by the Illinois Workers' Compensation Commission for _____ and against _____.

Witness _____, 20 ____

(Seal of the Court)

Clerk of the Circuit Court

ANDREA LYNN CHASTEEN, CLERK OF THE CIRCUIT COURT OF WILL COUNTY

Note: Pursuant to law, proceedings for judicial review shall be commenced within 20 days of the receipt of notice of the decision of the Commission. The summons shall be issued by the clerk of such court upon written request, returnable on a designated return day, not less than 10 nor more than 60 days from the date of issuance thereof.

On _____, 20 _____, in accordance with law, I mailed a copy of this summons, postage prepaid, to the office of the Illinois Workers' Compensation Commission and to the following parties in interest or their attorney or attorneys of record:

DEFENDANT

ADDRESS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____ 20 _____

(Date)

(Clerk of the Circuit Court)

Name _____
ARDC # _____
Firm Name _____
Attorney for _____
Address _____
City & Zip _____
Telephone _____
E-Mail _____