INDUSTRIAL COMMISSION OF ARIZONA

<u>PETITION FOR REARRANGEMENT</u> OR READJUSTMENT OF COMPENSATION

Copies of the Arizona Workers' Compensation Laws and Rules of Procedure and information about the ICA claims and hearing process are available at the ICA offices and through the ICA website located at: www.azica.gov with a link to the Arizona Workers' Compensation Law and Rules of Procedure.

Social Security No. *

vs. Injured Worke	er Last Name F	irst Name	MI Date of Inj	Date of Injury:				
	Defendant Employer		er ICA Claim	ICA Claim No.:				
	Defendant l	nsurance Carrie		r Claim No.:				
Injured Worker	Carrier Re	quests rearranç	gement or readjustmen	t of compensation	for the	following reaso	ons:	
1. State below	all employment of injured worker	within the past	two years:					
	ADDRESS OF EMPLOYER		PERIOD WORKED TYI		F TOTAL WAGES REASON FOR			
INCLUD	ING SELF-EMPLOYMENT	FROM		WORK		EARNED	TERMINATION	
Α.		MO. DAY	YR. / MO DAY YR					
В.								
C.								
					I			
List all other income or compensation received within the last two years: RECEIVED FROM / ADDRESS TOTAL AMOUNT								
A.						\$	LAWOON	
B.						\$		
3. Has the injure	ed worker had any other accident	, injury or illnes	s since this claim was	closed? YES	•	NO If yes	s, explain:	
4. The following	g physicians have examined or tre	eated the injure	d worker within the pas	st two years for th	e conditi	ons listed:		
DOCTOR'S NAME		•	ADDRESS				OF TREATMENT	
Α.								
В.								
I have read this Peti	tion for Rearrangement or Readjustme	ent of Compensa	tion and the information o	contained is true and	l correct t	o the best of my	knowledge.	
Signature of petitio	ner or petitioner's authorized repres	sentative is REQ	UIRED.	Date				
A dduc oo								
Address				Telephone No.				
City	•	State	Zip	Submitter Email	Addrass			
,	Industrial Commission of Arizona	- Ciuio	P	Submitter Email	Auu 693			
Phoenix:	P.O. Box 19070	O	000 14/14/- 11/1	Tucs			ssion of Arizona	
Mailing address:	Phoenix, Arizona 85005-9070	Street Address:	800 W. Washington Stre Phoenix, Arizona 85007			2675 E. Broadwa _' Tucson, Arizona	•	
* The mandatory requir	ement that the social security number be incl	uded in forms filed w	vith the Claims Division or Spec	cial Fund Division of the	Industrial C	Commission of Arizo	na is permitted by Sectic	

^{*} The mandatory requirement that the social security number be included in forms filed with the Claims Division or Special Fund Division of the Industrial Commission of Arizona is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, because the Commission's forms, prescribed under the Commission's Rules in existence prior to January 1, 1975, required disclosure of the social security number. The number is used as a means of identifying all the various records in the Claims Division or Special Fund pertaining to an individual. The use of social security numbers is made necessary because of the large number of persons who have similar names and birth dates, and whose identifies can only be distinguished by the social security number.