



INDUSTRIAL COMMISSION OF ARIZONA

PETITION FOR REARRANGEMENT 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.

vs. Injured Worker Last Name First Name MI Social Security No. *

Date of Injury:

Defendant Employer ICA Claim No.:

Ins. Carrier Claim No.:

Defendant Insurance Carrier

Injured Worker Carrier Requests rearrangement or readjustment of compensation for the following reasons:

1. State below all employment of injured worker within the past two years:

17. State below an employment of injured worker within the past two years:											
NAME & ADDRESS OF EMPLOYER INCLUDING SELF-EMPLOYMENT	PERIOD WORKED								TYPE OF WORK	TOTAL WAGES EARNED	REASON FOR TERMINATION
	FROM				THROUGH						
	MO.	DAY	YR.	/	MO	DAY	YR.				
A.											
B.											
C.											

2. List all other income or compensation received within the last two years:

4 RECEIVED FROM / ADDRESS	TOTAL AMOUNT
A.	\$
B.	\$

3. Has the injured worker had any other accident, injury or illness since this claim was closed? YES NO If yes, explain:

4. The following physicians have examined or treated the injured worker within the past two years for the conditions listed:

DOCTOR'S NAME	ADDRESS	CONDITION AND DATE OF TREATMENT
A.		
B.		

I have read this Petition for Rearrangement or Readjustment of Compensation and the information contained is true and correct to the best of my knowledge.

Signature of petitioner or petitioner's authorized representative is REQUIRED.

Date

Address

Telephone No.

City

State

Zip

Submitter Email Address

Phoenix: Industrial Commission of Arizona
P.O. Box 19070
Mailing address: Phoenix, Arizona 85005-9070

Street Address: 800 W. Washington Street
Phoenix, Arizona 85007-2922

Tucson: Industrial Commission of Arizona
Office: 2675 E. Broadway
Tucson, Arizona 85716-5342

* 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 identities can only be distinguished by the social security number.

THE INDUSTRIAL COMMISSION COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT OF 1990. IF YOU NEED THIS DOCUMENT IN ALTERNATIVE FORMAT, CONTACT SPECIAL SERVICES AT (602) 542-1829.

Claims ICA 0529-Rev 06.01.00