Court of Appeals, Division One

State of Arizona

Filer Information Name: _____ Address: _____ City, State, Zip Code: _____ Telephone: _____ Email: _____ ☐ I am self-represented *(if checked, skip attorney info below)* Attorney for: _____ Law firm name: _____ State Bar number: _____	*For Court Use Only*
Petitioner *(worker name)*:	Court of Appeals case number: 1 CA-IC
Respondent: *Industrial Commission of Arizona* Respondent Employer *(company name)*: Insurance company *(if applicable)*:	ICA Claim number: Carrier Claim number *(if applicable)*:
_____ (*Document Title*)	