

Court of Appeals, Division One

State of Arizona

Filer Information Name: _____ Address: _____ City, State, Zip Code: _____ Telephone: _____ Email: _____ <input type="checkbox"/> I am self-represented <i>(if checked, skip attorney info below)</i> Attorney for: _____ Law firm name: _____ State Bar number: _____	<i>For Court Use Only</i>
Petitioner <i>(worker name)</i> :	Court of Appeals case number: 1 CA-IC
Respondent: <i>Industrial Commission of Arizona</i> Respondent Employer <i>(company name)</i> : Insurance company <i>(if applicable)</i> :	ICA Claim number: Carrier Claim number <i>(if applicable)</i> :
Petition for Special Action – Industrial Commission	

Use this form to ask the Court of Appeals to review a Decision Upon Review from the Industrial Commission of Arizona. Do not use this document to argue why you believe the decision is wrong. You will have a chance to explain that in your opening brief. The Court of Appeals will tell you when the opening brief is due. For more information, see Arizona Rules of Procedure for Special Actions [21-26](#).

File this form and a [Certificate of Service](#) in the Arizona Court of Appeals, Division One through TurboCourt.com or by mailing/delivering to 1501 W. Washington, Suite 203, Phoenix, AZ 85007. Give a copy of your completed form to every other party in this appeal. For the Industrial Commission, send a copy to its [Chief Counsel](#).

Petition for Special Action – Industrial Commission

- 1. Name of party requesting review: _____
- 2. Industrial Commission case number: _____
- 3. Date of Industrial Commission Award: _____
- 4. Date of Industrial Commission Decision Upon Review: _____
(If you can, attach a copy.)

I am asking the Arizona Court of Appeals to review the Industrial Commission’s Award and Decision Upon Review.

I also request that the Clerk of the Court of Appeals issue a Writ of Review to have the Industrial Commission send its record to the court.

Signature

Printed Name

Date

REMEMBER:
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