



State of Rhode Island Judiciary

Providence, SC.

Workers' Compensation Court

PETITION COVERSHEET

WORKERS' COMPENSATION COURT # _____

PENDING RELATED _____

Insurance Carrier **REQUIRED** _____

SERVE: Insurer ☐

OR Third Party Administrator ☐

Address of party to be served **REQUIRED**

Insurer:

Third Party Administrator:

Address

TPA's Name

Address

Address

Address

Address

Patient: (Hospital Petitions Only):

Patient's Name

Address

Address

Address

Petitioner's Attorney : _____

Bar No.: _____

Respondent's Attorney : _____
commutations only

Bar No.: _____

INTERNAL USE ONLY:

INS: _____

PET:: _____

AGS: _____

RES: _____

PNT: _____