



W.C.C. # of pending petitions:

\_\_\_\_\_  
\_\_\_\_\_

# State of Rhode Island

## Providence, Sc.

## Workers' Compensation Court

W.C.C. No. \_\_\_\_\_

\_\_\_\_\_  
Name of Employee-Petitioner

\_\_\_\_\_  
Date of Birth (mm/dd/yyyy)

\_\_\_\_\_  
Date of Injury

\_\_\_\_\_  
Name of Employer-Respondent

\_\_\_\_\_  
Address of Employer-Respondent

\_\_\_\_\_  
Name of Agent for Service of Process

\_\_\_\_\_  
Insurance Carrier

\_\_\_\_\_  
Address of Agent for Service of Process

### Employee's Petition to Review and/or Amend Agreement or Decree Concerning Compensation

The undersigned EMPLOYEE hereby petitions for a determination of my right to benefits under a compensation agreement, or under a decree of the Workers' Compensation Court. **A copy of said agreement or decree establishing the liability of the employer to pay workers' compensation benefits is filed herewith.** The undersigned affirms that the following facts are true:

1. My incapacity for work has increased or returned by reason of the effects of the injury set forth in said agreement or decree attached hereto.

Total incapacity from \_\_\_\_\_ to \_\_\_\_\_.

Partial incapacity from \_\_\_\_\_ to \_\_\_\_\_.

2. My employer refuses to provide or pay for necessary medical services as provided by R.I.G.L. §§ 28-33-5 and 28-33-8, specifically

\_\_\_\_\_.

3. My employer and/or its insurance carrier refuse to give written permission for major surgery, specifically:

\_\_\_\_\_  
(Attach a copy of doctor's request for surgery)

4. Weekly payments of compensation have been based on an erroneous average weekly wage. My average weekly wage at the time of my injury was \$ \_\_\_\_\_.

5. The compensation agreement or decree was procured by fraud, coercion or mutual mistake of fact.
6. The compensation agreement or decree does not accurately and completely set forth and describe the nature and location of all injuries sustained by me. Said agreement or decree should be amended so that the nature and location of my injuries shall read as follows:
7. Per R.I.G.L. § 28-33-18.3, I have received a notice of intention to terminate partial incapacity benefits pursuant to R.I.G.L. § 28-33-18(d), and I hereby petition the court for continuation of benefits.
8. Per R.I.G.L. § 28-33-41 and the W.C.C. Rules of Practice, I hereby petition the court for a rehabilitation program approval.
9. Per R.I.G.L. § 28-33-47 and the W.C.C. Rules of Practice, I hereby petition the court for my right of reinstatement.
10. Per R.I.G.L. § 28-33-18.2, I hereby petition the court for a finding of suitable alternative employment.
11. Per R.I.G.L. § 28-33-20, I hereby petition the court for an order compelling the employer to provide a wage transcript.
12. Other:

\_\_\_\_\_  
Attorney Name and Phone Number

\_\_\_\_\_  
Attorney Signature

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Attorney Address

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Attorney Bar Registration No.

\_\_\_\_\_  
City, State, Zip Code