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**State of Rhode Island Judiciary**

**Providence, Sc.**

**Workers' Compensation Court**

\_\_\_\_\_  
Name of Employer-Petitioner

W.C.C. # \_\_\_\_\_

\_\_\_\_\_  
Name of Employee-Respondent

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

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

\_\_\_\_\_  
Address of Employee

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

**Employer's Petition to Review and/or Amend Agreement or Decree Concerning Compensation**

The undersigned EMPLOYER hereby petitions for a determination of its rights under a compensation agreement or 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.** In support of this petition, the employer or its counsel affirms that the employer has fully complied with all outstanding agreements and orders to date and alleges as follows:

- 1. The employee has returned to work at an average weekly wage equal to or in excess of that which he/she was earning at the time of his/her injury. A wage transcript in support of this allegation is attached.
- 2. The employee's incapacity for work has ended.
- 3. The employee is able to return to light select work.
- 4. The employee has reached maximum medical improvement.
- 5. The employer seeks a reduction in the employee's weekly benefits pursuant to R.I.G.L. § 28-33-18(b).
- 6. The employee obstructed or refused to submit to a medical examination as provided for in R.I.G.L. Chapters 29 to 38 inclusive.
- 7. The employee's weekly compensation payments have been based upon an erroneous average weekly wage. The average weekly wage at the time of the employee's injury was

- 8. The employee is subject to a reduction in benefits pursuant to R.I.G.L. § 28-33-18(c).
  - 9. The employer requests an Anniversary Review pursuant to R.I.G.L. § 28-33-46.
  - 10. The employer requests that the employee be referred to the Chief Judge Robert F. Arrigan Rehabilitation Center for
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- 11. The employee has refused an offer of suitable alternative employment.
- 12. Other reason for review (please specify).

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Attorney Name and Phone Number

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Attorney Signature

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Date

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Attorney Address

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Attorney Bar Registration No.