



State of Rhode Island and Providence Plantations
Providence, Sc. Workers' Compensation Court

Petition For Compensation Benefits of Deceased Employee

1. NAME OF PETITIONER	7. NAME OF EMPLOYER OF DECEASED EMPLOYEE (Respondent)
2. RELATIONSHIP OF PETITIONER TO DECEASED EMPLOYEE	8. BUSINESS ADDRESS (Street, No., City or Town, State and Zip Code)
3. PETITIONER'S ADDRESS (Street, No., City or Town, State and Zip Code)	9. NAME AND ADDRESS OF AGENT FOR SERVICE OF PROCESS
4. NAME OF DECEASED EMPLOYEE	10. NAME OF EMPLOYER'S INSURANCE CARRIER ON DATE OF ALLEGED INJURY
5. DATE AND PLACE OF DEATH OF EMPLOYEE	11. NATURE OF EMPLOYER'S BUSINESS
6. DATE OF ALLEGED INJURY (Month, Day, Year, Time)	12. DID INJURY OCCUR ON EMPLOYER'S PREMISES? Yes No IF NOT, WHERE DID INJURY OCCUR?
13. NAME(S) AND ADDRESS(ES) OF WITNESS(ES) TO INJURY	
14. HOW DID INJURY OCCUR?	
15. NATURE AND EXTENT OF INJURY	
16. NAME(S) OF PHYSICIAN(S) AND HOSPITAL(S) WHO RENDERED SERVICES	
17. WEEKLY WAGES AT TIME OF INJURY	18. FIRST DAY OF LOST TIME FROM WORK
19. NAME AND TITLE OF PERSON IN EMPLOY OF EMPLOYER, WHO WAS NOTIFIED OR WHO HAD KNOWLEDGE OF INJURY TO DECEASED	

20. DID DECEASED EMPLOYEE RECEIVE WORKERS' COMPENSATION BENEFITS FOR THE ABOVE INJURY?
UNDER A NON-PREJUDICIAL AGREEMENT? Yes No UNDER A MEMORANDUM OF AGREEMENT? Yes No

UNDER A DECREE OF THE WORKERS' COMPENSATION COURT? Yes No

21. WAS AN ESTATE OPENED? Yes No IF SO WHERE? NAME OF ADMINISTRATOR(S) OR EXECUTOR(S)

22. NAME OF PERSON PAYING BURIAL EXPENSES, AND AMOUNT PAID

NAME, ADDRESS, RELATIONSHIP, AND AGE OF ALL DEPENDENTS OF DECEASED EMPLOYEE WHO WERE DEPENDENT AT THE TIME OF INJURY OR DEATH.

NAME ADDRESS RELATIONSHIP TO DECEASED EMPLOYEE AGE OF MINORS

CHECK THE BENEFITS YOU ARE SEEKING:

WEEKLY BENEFITS PURSUANT TO R.I.G.L. §§ 28-33-12 AND 28-33-23

FUNERAL EXPENSES PURSUANT TO R.I.G.L. § 28-33-16

OTHER, PLEASE SPECIFY

I hereby petition that my rights to benefits under the Workers' Compensation Act may be determined, and in support of this pleading I make the foregoing statements of fact: that both said employer and deceased employee were subject to the provisions of the Workers' Compensation Act; that said employee's injury was not occasioned by the employee's willful intention to bring about the injury or death of himself/herself or another; and that said injury did not result from the employee's intoxication on duty or unlawful use of controlled substances. I have attached a duly certified copy of the certificate of death along with any agreement or decree to pay workers' compensation benefits, if applicable.

Attorney Name

Signature of Petitioner

Attorney Address and Phone Number

Print Name of Petitioner

Attorney Bar Registration Number

Date