PETITION FOR REVIEW OF INCAPACITY

STATE OF MAINE WORKERS⁺ COMPENSATION BOARD 27 STATE HOUSE STATION AUGUSTA, MAINE 04333-0027

EMPLOYEE	EMPLOYER	
NAME:	NAME:	
STREET/P.O. BOX:	STREET/P.O. BOX:	
CITY, STATE, ZIP:	CITY, STATE, ZIP:	
TELEPHONE NUMBER:		
DATE OF BIRTH:	INSURER	
SOCIAL SECURITY NUMBER: XXX-XX-	NAME:	
(only last four digits required)	STREET/P.O. BOX:	
BOARD FILE NUMBER:	CITY, STATE, ZIP:	

NOTICE

A party is not required to file a written response to this petition under 39-A M.R.S.A. §307(3). Upon notice of a claim for incapacity or death benefits, however, the employer/insurer must comply with the provisions of 90 MAR 351 Ch.1. §1 or the employee must be paid total benefits, with credit for earnings and other statutory offsets, from the date the claim is made in accordance with 39-A M.R.S.A. §205(2) and in compliance with 39-A M.R.S.A. §204.

1.	On,,,	EMPLOYEE NAME	sustained a work-related
	injury while working for	EMPLOYER NAME	·
2.	Compensation of \$	$_{_{\rm c}}$ per week is being paid fo	Or incapacity.
3.	The employee's incapacity has) / DECREASED / ENDED (INSERT ONE)	·
ΤН	EREFORE, the petitioner asks the board		compensation paid pursuant to Title 39 or 39-A.
	SIGNATURE OF PETITIONER	U/	ATED:
	FILING INSTRUCTIONS	_	NAME OF PETITIONER'S ATTORNEY OR ADVOCATE (IF ANY)
1.	Mail original petition to the Workers' Compensation above address by regular mail.	n Board at the	STREET/P.O. BOX
2.	Mail one (1) copy by certified mail, return receip each other party named in the petition.	it requested to	CITY, STATE, ZIP
3.	Keep one (1) copy for yourself and keep the greer cards when returned to you by the U.S. Post Office		TELEPHONE NUMBER
The	State of Maine provides equal opportunity in emplo	ovment and programs Auxiliary	aids and services are available to individuals with disabilities

The State of Maine provides equal opportunity in employment and programs. Auxiliary aids and services are available to individuals with disabilities upon request. For assistance with this form, contact the ADA Coordinator at the Maine Workers' Compensation Board. Telephone: (888) 801-9087 or TTY Maine Relay 711. WCB-120 (eff. 1/1/13)