

**PETITION TO DETERMINE ENTITLEMENT  
TO REHABILITATION SERVICES  
PURSUANT TO 39-A M.R.S.A. §217(2)**

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

EMPLOYEE

EMPLOYER

NAME: \_\_\_\_\_  
STREET/P.O. BOX: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
TELEPHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_  
STREET/P.O. BOX: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

INSURER

SOCIAL SECURITY NUMBER: XXX-XX-\_\_\_\_\_  
(only last four digits required)  
BOARD FILE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_  
STREET/P.O. BOX: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_

1. On \_\_\_\_\_, \_\_\_\_\_ sustained a work-related  
injury while working for \_\_\_\_\_.

MONTH DAY YEAR

EMPLOYEE NAME

EMPLOYER NAME

2. The employee is \_\_\_\_\_ to perform work for which he/she has previous training or experience.

ABLE / UNABLE (INSERT ONE)

3. The proposed plan \_\_\_\_\_ likely to return the employee to suitable employment at a reasonable cost.

IS / IS NOT (INSERT ONE)

THEREFORE, the petitioner asks the board to determine the employee's entitlement to rehabilitation services pursuant to 39-A M.R.S.A. §217(2).

\_\_\_\_\_  
SIGNATURE OF PETITIONER

DATED: \_\_\_\_\_  
MONTH DAY YEAR

**FILING INSTRUCTIONS**

1. Mail original petition to the Workers' Compensation Board at the above address by regular mail.
2. Mail one (1) copy **by certified mail, return receipt requested** to each other party named in the petition.
3. Keep one (1) copy for yourself and keep the green certified mail cards when returned to you by the U.S. Post Office.

\_\_\_\_\_  
NAME OF PETITIONER'S ATTORNEY OR ADVOCATE (IF ANY)

\_\_\_\_\_  
STREET/P.O. BOX

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
TELEPHONE NUMBER

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-321 (eff. 1/1/13)