# P E T I T I O N  T O  R E V I E W

**To the Industrial Accident Board of the State of Delaware sitting in and for _____ County.**

| | | | |
|---|---|---|---|
| _____ | ) _____ | _____ | _____ |
| **Employer,** | ) **SS#** | **OWC Case File #** | **Case File #** |
| | ) | | |
| vs. | ) _____ | | _____ |
| | ) **Carrier/Self-Insurer Name** | | **Name of Adjuster** |
| _____ | )_____ | _____ | _____ |
| **Claimant.** | ) **Date of Injury** | **Adjuster's Phone #** | **Adjuster's Email, if Applicable** |

The undersigned prays that your Honorable Board shall, after due notice of the time and place of hearing served on all parties in interest, hear and determine the matter in accordance with the facts and the law, and state its conclusions of fact and rulings of law.

**Petition for Termination of Benefits, Pursuant to §2347**:*

*By checking below Fund benefits will be issued upon receipt of completed ECF- N/A Self-Insured (L)

_____ Claimant is physically able to return to work

_____Claimant's partial disability has terminated or diminished

**Petition for Termination of Benefits**:

_____ Claimant returned to work

_____Failure to sign agreement(s) / receipt(s)

_____Missed employer medical examination (s), pursuant to §2343 (b)

_____Failure to comply with Board's order for vocational rehabilitation services

_____Other: _____

**Petition to Order Vocational Rehabilitation, Pursuant to §2353 (a)**:

_____To obtain an order requesting the claimant's cooperation with vocational rehabilitation services

**Petition for Workers' Compensation Fund, Pursuant to §2327**:

_____Reimbursement from the Workers' Compensation Fund

Dated the _____day of _____ 20_____.

| | |
|---|---|
| _____ | _____ |
| Name of Claimant's Attorney (If known) | Name of Employer's Attorney |
| _____ | _____ |
| Address | Address |

**NOTE**: No Petition to Review shall be accepted by the Department, **unless** it is accompanied by adequate proof of service (**Pursuant to §2347)** that a copy of the Petition to Review has been served upon the other party to the agreement or award.