

# INDUSTRIAL COMMISSION OF ARIZONA

IMPORTANT: This completed form must be filed at an Industrial Commission of Arizona (ICA) office. (See addresses below.)

## PETITION FOR REARRANGEMENT OR READJUSTMENT OF COMPENSATION

Copies of the Arizona Workers' Compensation Laws and Rules of Procedure and information about the ICA claims and hearing process are available at the ICA offices and through the ICA web-site located at: [www.ica.state.az.us](http://www.ica.state.az.us) with a link to the Arizona Workers' Compensation Law and Rules of Procedure.

Injured Worker	Social Security No. * _____
Defendant Employer	Date of Injury: _____
Defendant Insurance Carrier	ICA Claim No.: _____
	Ins. Carrier Claim No.: _____

Injured Worker  Carrier  Requests rearrangement or readjustment of compensation for the following reasons:

**1. State below all employment of injured worker within the past two years:**

NAME & ADDRESS OF EMPLOYER INCLUDING SELF-EMPLOYMENT	PERIOD WORKED								TYPE OF WORK	TOTAL WAGES EARNED	REASON FOR TERMINATION
	FROM				THROUGH						
	MO.	DAY	YR.	/	MO.	DAY	YR.				
A.											
B.											
C.											

**2. List all other income or compensation received within the last two years:**

RECEIVED FROM / ADDRESS	TOTAL AMOUNT
A.	\$
B.	\$

**3. Has the injured worker had any other accident, injury or illness since this claim was closed?** YES  NO  If yes, explain:

**4. The following physicians have examined or treated the injured worker within the past two years for the conditions listed:**

DOCTOR'S NAME	ADDRESS	CONDITION AND DATE OF TREATMENT
A.		
B.		

I have read this Petition for Rearrangement or Readjustment of Compensation and the information contained is true and correct to the best of my knowledge.

Signature of petitioner or petitioner's authorized representative is REQUIRED.	Date
Address	Telephone No.
City	State
	Zip

Phoenix: Industrial Commission of Arizona	Tucson: Industrial Commission of Arizona
Mailing address: P.O. Box 19070	Office: 2675 E. Broadway
Phoenix, Arizona 85005-9070	Tucson, Arizona 85716-5342
Street Address: 800 W. Washington Street	Phoenix, Arizona 85007-2922

\* The mandatory requirement that the social security number be included in forms filed with the Claims Division or Special Fund Division of the Industrial Commission of Arizona is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, because the Commission's forms, prescribed under the Commission's Rules in existence prior to January 1, 1975, required disclosure of the social security number. The number is used as a means of identifying all the various records in the Claims Division or Special Fund pertaining to an individual. The use of social security numbers is made necessary because of the large number of persons who have similar names and birth dates, and whose identities can only be distinguished by the social security number.