

## **PETITION FOR REVIEW INSTRUCTIONS**



These instructions and Petition for Review form should be used to appeal to the Commonwealth Court from a final order of the Workers' Compensation Appeal Board (WCAB). To complete the form, you will need a copy of the WCAB Opinion and Order you are appealing. The instructions below will help you complete the Petition for Review.

1. Fill in the blank space on Page 1, Paragraph 2 with the date of the Opinion and Order you wish to appeal. This is the "Opinion Mailing Date" that is located at the top of the cover page of the WCAB Opinion.
2. Fill in the blank space on Page 1, Paragraph 3 with the "Appeal Case" number that is located at the top of the cover page of the WCAB's Opinion.
3. Fill in the blank lines on Page 1, Paragraph 4 with the reasons you believe the WCAB Opinion and Order is incorrect.
4. You must sign and date Pages 2, 3, and 4.
5. **You must attach a copy of the WCAB Opinion and Order that you are appealing to this Petition for Review.**
6. You must then file (send) the completed Petition for Review (Pages 1-4 and WCAB Order) with the Prothonotary of the Commonwealth Court by mailing the Petition for Review to the address below.

**Prothonotary  
Commonwealth Court of Pennsylvania  
Pennsylvania Judicial Center  
601 Commonwealth Avenue, Suite 2100  
P.O. Box 69185  
Harrisburg, PA 17106-9185  
(717) 255-1650**

7. You must also send a copy of the entire Petition for Review (Pages 1-4 and WCAB Order) to:
  - a. Workers' Compensation Appeal Board (see Page 4 for the address);
  - b. Attorney General (see Page 4 for the address); and
  - c. Employer or employer's attorney (if employer is represented by an attorney).

**▲** Not following these instructions may delay or prevent the Court from processing your appeal.

**COMMONWEALTH COURT OF PENNSYLVANIA**

(Your Name)	:	
	:	
Petitioner	:	
	:	
v.	:	
	:	
(Defendant/Employer)	:	
	:	
Respondent	:	

**PETITION FOR REVIEW**

Section 763(a)(1) of the Judicial Code, 42 Pa.C.S. §763(a)(1), gives the Court authority to hear this appeal.

1. The state agency that issued the order I am appealing is the Workers' Compensation Appeal Board.

2. The mailing date of the Opinion and Order I am appealing is:  
\_\_\_\_\_, 20\_\_\_\_ (fill in "Opinion Mailing Date" located at the top of the cover page of the WCAB Opinion).

3. The Appeal Case number on the Opinion and Order is: \_\_\_\_\_  
(fill in the "Appeal Case" number located at the top of the cover page of the WCAB Opinion).

4. The Order of the Workers' Compensation Appeal Board should be reviewed because:

(Use these lines and another piece of paper, if needed, to explain why you believe the Order is wrong.)

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**5. I have attached a copy of the Opinion and Order of the Workers' Compensation Appeal Board that I am appealing.**

WHEREFORE, I request that this Court review the Order of the Workers' Compensation Appeal Board and grant relief as may be just and proper.

\_\_\_\_\_  
(Your signature)

\_\_\_\_\_  
(Your printed name)

\_\_\_\_\_  
(Your street address)

\_\_\_\_\_  
(Your City, State, and zip code)

\_\_\_\_\_  
(Your telephone number)

\_\_\_\_\_  
(Your email address)

\_\_\_\_\_  
(Today's date)

## **CERTIFICATE OF COMPLIANCE**

I certify that this filing complies with the provisions of the *Case Records Public Access Policy of the Unified Judicial System of Pennsylvania* (Public Access Policy) that require filing confidential information and documents differently than non-confidential information and documents.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

Any time you file papers with the Court, the papers must include a Certificate of Compliance with the Public Access Policy. See Pa.R.A.P. 127. Information about the Public Access Policy and this form can be found online at <http://www.pacourts.us/public-records/public-records-policies>. It is very important that you review and follow the Public Access Policy because it requires you to protect sensitive personal information in your Court filings.

## **PROOF OF SERVICE**

1. I certify that I sent by **certified mail** a true and correct copy of the Petition for Review to the WCAB and Attorney General of Pennsylvania at the following addresses:

**Department of Labor and Industry  
Workers' Compensation Appeal Board  
651 Boas Street, Room 832  
Harrisburg, PA 17121-0750**

**Attorney General of Pennsylvania  
16th Floor, Strawberry Square  
Harrisburg, PA 17120**

2. I certify that I sent a true and correct copy of the Petition for Review to the employer or attorney named below using **one of the following methods**:

**Check the  
method of  
service used  
to serve the  
employer or  
employer's  
attorney**

- ☐ First Class Mail   ☐ Certified Mail   ☐ Priority Mail  
☐ Express Mail   ☐ Personal delivery  
☐ By other means permitted under Pa.R.A.P 121

**Employer or employer's attorney, if represented (insert name and address below)**

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(Your signature)

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(Your printed name)

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(Your telephone number)

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(Your email address)

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(Today's date)