

SUPPLEMENT FOR WORKERS' COMPENSATION APPLICANTS

(To be filled out along with the Special Experience Application Form)

Applicant Name (print): _____

1. Approximately how many Arbitrations have you completed before the Workers' Compensation Commission?
2. Approximately how many Reviews have you completed before the Workers' Compensation Commission?
3. Approximately how many Appeals to the Circuit Court have you completed?
4. How many Appeals to the Appellate or Supreme Court have you completed?