Before The MISSOURI LABOR AND INDUSTRIAL RELATIONS COMMISSION 421 E. Dunklin St.

PO Box 599
Jefferson City, MO 65102-0599
(573) 751-2461 (office) • (573) 751-7806 (fax)
Email: LIRC@labor.mo.gov

Employee: Dependent(s):			Injury Number: Or Medical Fee Dispute Number:		
Employer	:			Date of Injury:	
Insurer:					
Check her	re if the Second In	jury Fund is involved i	in this Application for Rev	riew.	
Other Add	ditional Party or Me	edical Provider, if appl	icable:		
		AF	PPLICATION FO	OR REVIEW	
	-			ustrial Relations Commission of an a	
			day of	, 20	·
The Adn		Judge's award, deal sheets.)		roneous for the following specifi	c reasons:
Filed by:	Employee	□Employer	□Employer/Insurer	☐Second Injury Fund Date:	□нср
	(Signatu	re of Applicant/Petitioner)			
Ву:		(Attorney, if any)		Missouri Bar Number:	
Address:		(Attorney, ii arry)			
Auul C33.		(Street)	(City)	(State)	(Zip Code)
Phone:	(Area Code)				

Note: The original Application for Review must be filed with the Missouri Labor and Industrial Relations Commission, within twenty (20) days from the date of the award, decision or order of the Administrative Law Judge. §287.480 RSMo. Refer to Commission Rules 8 CSR 20-3.030 and 8 CSR 20-2.010 regarding the procedure for an appeal of a final award, decision or order of an Administrative Law Judge of the Division of Workers' Compensation.

If you have served on active duty in the Armed Forces of the United States and would like information about veterans' services and benefits, please complete the survey here: mvc.dps.mo.gov/MoVeteransInformation/Survey/DOLIR.

Missouri Department of Labor and Industrial Relations is an equal opportunity employer/program. TDD/TTY: 800-735-2966 Relay Missouri: 711