

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)
LIRC@labor.mo.gov

Tort Victim:

Claim Number:

Claimant:

Date of Tort:

PETITION FOR REVIEW

The undersigned hereby petitions the Labor and Industrial Relations Commission for review of the final decision made by an Administrative Law Judge of the Division of Workers' Compensation in the above referenced case, issued on the

_____ day of _____, 20_____.

Refer to §537.690 RSMo and 8 CSR 20-8.010 which outlines procedures for appeals from a final decision of the Division of Workers' Compensation.

Check here if you want a **transcript**. ☐ (You may be charged a fee for a transcript)

Check here if you want to file a **brief**. ☐

If you want to request oral argument, state your reason here:

The Administrative Law Judge's final decision is erroneous for the following specific reasons:

(You may attach additional sheets.)

(Signature of Applicant/Petitioner) Date: _____

By: _____
(Attorney, if any) Missouri Bar Number: _____

Address: _____
(Street) (City) (State) (Zip Code)

Phone: _____
(Area Code)

Note: The original Petition for Review must be filed with the Missouri Labor and Industrial Relations Commission within thirty (30) days from the date of the final decision of the Administrative Law Judge. §537.690 RSMo.

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
MOIC-T-2568 (01-25) AI