

INDEX OF ICA FORMS

SPECIAL NOTE:

IF THE PETITIONER IS THE APPLICANT/EMPLOYEE THEN FORM (a) SHOULD BE USED.

IF THE PETITIONER IS THE EMPLOYER/INSURANCE CARRIER, THEN FORM (b) SHOULD BE USED.

Information to complete the forms should be TYPED rather than hand-written.

- Form 1 Notice of Change of Address with the ICA
- Form 2 Request for Review
- Form 3(a) Notice of Change of Address (Court of Appeals)
- Form 3(b) Notice of Change of Address (Court of Appeals)
- Form 4(a) Notice of Change of Address (Arizona Supreme Court)
- Form 4(b) Notice of Change of Address (Arizona Supreme Court)
- Form 5(a) Petition for Special Action – Industrial Commission
- Form 5(b) Petition for Special Action – Industrial Commission
- Form 6(a) Notice of Appearance
- Form 6(b) Notice of Appearance
- Form 7 Application for Deferral or Waiver of Court Fees and/or Costs
- Form 8(a) Petitioner’s Opening Brief / Respondent’s Answering Brief / Petitioner’s Reply Brief
- Form 8(b) Petitioner’s Opening Brief / Respondent’s Answering Brief / Petitioner’s Reply Brief
- Form 9(a) Motion for Extension of Time to File Brief
- Form 9(b) Motion for Extension of Time to File Brief
- Form 10(a) Stipulation for Extension of Time to File Brief
- Form 10(b) Stipulation for Extension of Time to File Brief

INDEX OF ICA FORMS

Form 11(a) Request for Oral Argument

Form 11(b) Request for Oral Argument

Form 12(a) Statement of Costs

Form 12(b) Statement of Costs

Form 13(a) Petition for Review (filed in the Court of Appeals)

Form 13(b) Petition for Review (filed in the Court of Appeals)

Form 14(a) Response to Petition for Review (filed in the Arizona Supreme Court)

Form 14(b) Response to Petition for Review (filed in the Arizona Supreme Court)

SPECIAL NOTE:

**IF AN OPPOSING PARTY IS REPRESENTED BY AN ATTORNEY,
THESE FORMS MUST BE SERVED ON THE ATTORNEY FOR THE PARTY,
RATHER THAN ON THE OPPOSING PARTY.**

[Date]: _____

Industrial Commission of Arizona
2675 E. Broadway
Tucson, AZ 85716

Industrial Commission of Arizona
800 W. Washington Street
Phoenix, AZ 85007

Re: Applicant: _____
ICA Claim No.: _____
Ins. Claim No.: _____
Date of Injury: _____

Dear Sir/Madam:

This is to inform you of a change of address effective [date] _____ ,
200__ for [Applicant/Employer] _____. Please change address
from:

Old Address: _____

To New Address: _____

Sincerely,

[Applicant/Employer]

PROOF OF SERVICE

The undersigned _____ [Applicant/Employer] on the ____ day of _____, 200____, mailed an Original of the Notice of Change of Address either the Tucson or Phoenix office of the ICA; and mailed a copy to the following parties:

[Petitioner/Respondent or Counsel]

Address

City, State, Zip Code

Insurance Carrier or Counsel

Address

City, State, Zip Code

Dated: _____

[Applicant/Employer]

THE INDUSTRIAL COMMISSION OF ARIZONA

<p>_____ Applicant,</p> <p>v.</p> <p>_____ Respondent</p> <p>EMPLOYER</p> <p>_____ Respondent</p> <p>_____ Respondent</p> <p>INSURANCE CARRIER</p> <p>_____ Respondent</p>	<p>ICA Claim No. _____</p> <p>Ins. Claim No. _____</p> <p>Date of Injury: _____</p> <p>REQUEST FOR REVIEW</p> <p>(The Honorable _____)</p>
--	---

Pursuant A.R.S. § 23-942(D) and A.R.S. § 23-943(A) and (B),

_____ [Petitioner/Respondent] files his/her Request for Review of the Decision Upon Hearing and Findings and Award dated _____, 200__ and maintains that the Award is not justified by the evidence and is contrary to law.*

Dated: _____

Print Name [Petitioner/Respondent]

Signature

Address

*This request may be accompanied by a memorandum of points and authority in support of the Request.

PROOF OF SERVICE

The undersigned _____ [Petitioner/Respondent]
on the ____ day of _____, 200 ____, filed an Original of the Request for Review in
the ICA; and mailed a copy to the following parties:

[Petitioner/Respondent or Counsel]

Address

City, State, Zip Code

Industrial Commission of Arizona

Address

City, State, Zip Code

Dated: _____

[Petitioner/Respondent]

IN THE COURT OF APPEALS
STATE OF ARIZONA
DIVISION ____

APPLICANT,

Petitioner,

v.

THE INDUSTRIAL
COMMISSION OF ARIZONA,

Respondent,

EMPLOYER

Respondent

INSURANCE CARRIER

Respondent

No. __ CA-IC _____

ICA No. _____

Carrier No. _____

NOTICE OF CHANGE OF ADDRESS

The party signing this document is the _____

[Petitioner/ Respondent]. This party advises this Court that _____ [his/her]

address has changed. This party's current address is as follows:

[Full address and phone number].

Dated: _____

Print Name [Petitioner/ Respondent]

Signature

Address

PROOF OF SERVICE

The undersigned _____ [Petitioner/Respondent] on the ____ day of _____, 200____, filed an Original and four (4) copies of the Notice of Change of Address in the Court of Appeals; and mailed a copy to the following parties:

[Petitioner/Respondent or Counsel]

Address

City, State, Zip Code

Industrial Commission of Arizona

Address

City, State, Zip Code

Dated: _____

[Petitioner/ Respondent]

IN THE COURT OF APPEALS
STATE OF ARIZONA
DIVISION _____

_____ EMPLOYER Petitioner,	No. __ CA-IC _____ ICA No. _____ Carrier No. _____
_____ INSURANCE CARRIER Petitioner,	NOTICE OF CHANGE OF ADDRESS
v.	
THE INDUSTRIAL COMMISSION OF ARIZONA, Respondent,	
_____ APPLICANT Respondent	

The party signing this document is the _____
[Petitioner/ Respondent]. This party advises this Court that _____ [his/her]
address has changed. This party's current address is as follows:

[Full address and phone number].

Dated: _____

Print Name [Petitioner/ Respondent]

Signature

Address

PROOF OF SERVICE

The undersigned _____ [Petitioner/Respondent] on the ____ day of _____, 200____, filed an Original and four (4) copies of the Notice of Change of Address in the Court of Appeals; and mailed a copy to the following parties:

[Petitioner/Respondent or Counsel]

Address

City, State, Zip Code

Industrial Commission of Arizona

Address

City, State, Zip Code

Dated: _____

[Petitioner/ Respondent]

ARIZONA SUPREME COURT

APPLICANT,

Petitioner,

v.

THE INDUSTRIAL COMMISSION
OF ARIZONA,

Respondent,

EMPLOYER

Respondent

INSURANCE CARRIER

Respondent

No. ___ CA-IC _____

ICA No. _____

Carrier No. _____

**NOTICE OF CHANGE OF
ADDRESS**

The party signing this document is the _____ [Petitioner/

Respondent]. This party advises this Court that _____ [his/her] address has changed. This

party's current address is as follows: _____

[Full address and phone number].

Dated: _____

Print Name [Petitioner/ Respondent]

Signature

Address

PROOF OF SERVICE

The undersigned _____ [Petitioner/Respondent] on the ____ day of _____, 200 ____, filed an Original and seven (7) copies of the Notice of Change of Address in the Arizona Supreme Court; and mailed a copy to the following parties:

[Petitioner/Respondent or Counsel]

Address

City, State, Zip Code

Industrial Commission of Arizona

Address

City, State, Zip Code

Dated: _____

[Petitioner/ Respondent]

ARIZONA SUPREME COURT

_____	No. ____ CA-IC _____
EMPLOYER	
Petitioner,	ICA No. _____
_____	Carrier No. _____
INSURANCE CARRIER	
Petitioner,	
v.	NOTICE OF CHANGE OF ADDRESS
THE INDUSTRIAL COMMISSION OF ARIZONA,	
Respondent,	

APPLICANT	
Respondent	

The party signing this document is the _____ [Petitioner/ Respondent]. This party advises this Court that _____ [his/her] address has changed. This party's current address is as follows: _____

[Full address and phone number].

Dated: _____

Print Name [Petitioner/ Respondent]

Signature

Address

PROOF OF SERVICE

The undersigned _____ [Petitioner/Respondent] on the ____ day of _____, 200____, filed an Original and seven (7) copies of the Notice of Change of Address in the Arizona Supreme Court; and mailed a copy to the following parties:

[Petitioner/Respondent or Counsel]

Address

City, State, Zip Code

Industrial Commission of Arizona

Address

City, State, Zip Code

Dated: _____

[Petitioner/ Respondent]

IN THE COURT OF APPEALS
STATE OF ARIZONA
DIVISION ONE

_____	No. ___ CA-IC _____
APPLICANT,	ICA No. _____
	Carrier No. _____
Petitioner,	
v.	
THE INDUSTRIAL	PETITION FOR SPECIAL ACTION –
COMMISSION OF ARIZONA,	INDUSTRIAL COMMISSION
Respondent,	

EMPLOYER	
Respondent	

INSURANCE CARRIER	
Respondent	

Petitioner(s) request that the Court of Appeals review the award of the Industrial Commission in ICA No. _____, dated _____, and the decision on review, dated _____, and that the Clerk of the Court of Appeals issue a Writ of Review directing the Industrial Commission to certify its records, proceedings and evidence in this matter to the Court of Appeals.

Dated: _____

Print Name [Petitioner/ Respondent]

Signature

Address

PROOF OF SERVICE

The undersigned _____ [Petitioner/Respondent]
on the ____ day of _____, 200____, filed an Original and six (6) copies of the
Petition for Special action – Industrial Commission in the Court of Appeals; and
mailed a copy to the following parties:

[Petitioner/Respondent or Counsel]

Address

City, State, Zip Code

Industrial Commission of Arizona

Address

City, State, Zip Code

Dated: _____

[Petitioner/ Respondent]

IN THE COURT OF APPEALS
STATE OF ARIZONA
DIVISION ONE

EMPLOYER

Petitioner,

No. ____ CA-IC _____

ICA No. _____

INSURANCE CARRIER

Petitioner,

Carrier No. _____

v.

THE INDUSTRIAL COMMISSION
OF ARIZONA,

Respondent,

**PETITION FOR SPECIAL ACTION –
INDUSTRIAL COMMISSION**

APPLICANT

Respondent

Petitioner(s) request that the Court of Appeals review the award of the Industrial Commission in ICA No. _____, dated _____, and the decision on review, dated _____, and that the Clerk of the Court of Appeals issue a Writ of Review directing the Industrial Commission to certify its records, proceedings and evidence in this matter to the Court of Appeals.

Dated: _____

Print Name [Petitioner/ Respondent]

Signature

Address

PROOF OF SERVICE

The undersigned _____ [Petitioner/Respondent] on the ____ day of _____, 200____, filed an Original and six (6) copies of the Petition for Special action – Industrial Commission in the Court of Appeals; and mailed a copy to the following parties:

[Petitioner/Respondent or Counsel]

Address

City, State, Zip Code

Industrial Commission of Arizona

Address

City, State, Zip Code

Dated: _____

[Petitioner/ Respondent]

IN THE COURT OF APPEALS
STATE OF ARIZONA
DIVISION ____

_____ APPLICANT, Petitioner, v. THE INDUSTRIAL COMMISSION OF ARIZONA, Respondent, _____ EMPLOYER Respondent _____ INSURANCE CARRIER Respondent	No. __ CA-IC _____ ICA No. _____ Carrier No. _____ NOTICE OF APPEARANCE
--	---

Pursuant to Rule 10(f), Rules of Procedure for Special actions, Respondent(s) give(s) notice of intention to participate in the determination of the above-captioned matter before the Court of Appeals.

Dated: _____

Print Name [Petitioner/ Respondent]

Signature

Address

PROOF OF SERVICE

The undersigned _____ [Petitioner/Respondent]
on the ____ day of _____, 200____, filed an Original and four (4) copies of the
Notice of Appearance in the Court of Appeals; and mailed a copy to the following
parties:

[Petitioner/Respondent or Counsel]

Address

City, State, Zip Code

Industrial Commission of Arizona

Address

City, State, Zip Code

Dated: _____

[Petitioner/ Respondent]

IN THE COURT OF APPEALS
STATE OF ARIZONA
DIVISION _____

EMPLOYER

Petitioner,

INSURANCE CARRIER

Petitioner,

v.

THE INDUSTRIAL
COMMISSION OF ARIZONA,
Respondent,

APPLICANT

Respondent

No. __ CA-IC _____

ICA No. _____

Carrier No. _____

NOTICE OF APPEARANCE

Pursuant to Rule 10(f), Rules of Procedure for Special actions, Respondent(s) give(s) notice of intention to participate in the determination of the above-captioned matter before the Court of Appeals.

Dated: _____

Print Name [Petitioner/ Respondent]

Signature

Address

PROOF OF SERVICE

The undersigned _____ [Petitioner/Respondent]
on the ____ day of _____, 200____, filed an Original and four (4) copies of the
Notice of Appearance of Address in the Court of Appeals; and mailed a copy to the
following parties:

[Petitioner/Respondent or Counsel]

Address

City, State, Zip Code

Industrial Commission of Arizona

Address

City, State, Zip Code

Dated: _____

[Petitioner/ Respondent]

(COURT'S JURISDICTIONAL NAME AND ADDRESS HERE)

Name of Person Filing Document: _____
Your Address: _____
Your City, State, and Zip Code: _____
Your Telephone Number: _____
Attorney Bar Number (if applicable): _____
Attorney E-mail Address: _____
Representing Self (Without an Attorney) OR
 Attorney for Petitioner Respondent

STATE OF ARIZONA)
COUNTY OF _____) **ss.**

Name of Petitioner/Plaintiff

Case Number: _____

**APPLICATION FOR DEFERRAL OR WAIVER
OF COURT FEES OR COSTS AND CONSENT
TO ENTRY OF JUDGMENT**

Name of Respondent/Defendant

Notice. A Fee Deferral is only a temporary postponement of the payment of the fees due. You may be required to make payments depending on your income. A Fee Waiver is usually permanent unless your financial circumstances change during the pendency of this court action.

I am requesting a deferral or waiver of all fees including: filing a case, issuance of a summons or subpoena, the cost of attendance at an educational program required by A.R.S. § 25-352, one certified copy of a temporary order in a family law case, one certified copy of the court's final order, preparation of the record on appeal, court reporter's fees of reporters or transcribers, service of process costs, and/or service by publication costs. (I have completed the separate Supplemental Information form if I am asking for service of process costs, or service by publication costs.) I understand that if I request deferral or waiver because I am a participant in a government assistance program, I am required to provide proof at the time of filing. The document(s) submitted must show my name as the recipient of the benefit and the name of the agency awarding the benefit. **Note. All other applicants must complete the financial questionnaire beginning at section 3. If you are a participant in one of the programs in section 1 or 2 (below), you do not need to complete the financial questionnaire, and can proceed to the signature page.**

- 1. **DEFERRAL:** I receive government assistance from the state or federal program marked below or am represented by a not for profit legal aid program:
 - Temporary Assistance to Needy Families (TANF)
 - Food Stamps
 - Legal Aid Services

- 2. **WAIVER:**
 - I receive government assistance from the federal Supplemental Security Income (SSI) program.

- 3. **FINANCIAL QUESTIONNAIRE SUPPORT RESPONSIBILITIES.** List all persons you support (including those you pay child support and/or spousal maintenance/support for):

NAME	RELATIONSHIP
_____	_____
_____	_____
_____	_____

STATEMENT OF INCOME AND EXPENSES

Employer name: _____

Employer phone number: _____

I am unemployed (explain): _____

My prior year's gross income: \$ _____

MONTHLY INCOME

My total monthly gross income: \$ _____

My spouse's monthly gross income (if available to me): \$ _____

Other current monthly income, including spousal maintenance/support, retirement, rental, interest, pensions, and lottery winnings: \$ _____

TOTAL MONTHLY INCOME \$ _____

MONTHLY EXPENSES AND DEBTS: My monthly expenses and debts are:

	PAYMENT AMOUNT	LOAN BALANCE
Rent/Mortgage payment	\$ _____	\$ _____
Car payment	\$ _____	\$ _____
Credit card payments	\$ _____	\$ _____
Explain: Other payments & debts	\$ _____	\$ _____
Household	\$ _____	
Utilities/Telephone/Cable	\$ _____	
Medical/Dental/Drugs	\$ _____	
Health insurance	\$ _____	
Nursing care	\$ _____	
Tuition	\$ _____	
Child support	\$ _____	
Child care	\$ _____	
Spousal maintenance	\$ _____	
Car insurance	\$ _____	
Transportation	\$ _____	
Other expenses (explain)	\$ _____	

TOTAL MONTHLY EXPENSES \$ _____

STATEMENT OF ASSETS: List only those assets available to you and accessible without financial penalty.

	ESTIMATED VALUE
Cash and bank accounts	\$ _____
Credit union accounts	\$ _____
Other liquid assets	\$ _____

TOTAL ASSETS \$ _____

The basis for the request is:

4. [] DEFERRAL:

A. [] My income is insufficient or is barely sufficient to meet the daily essentials of life, and includes no allotment that could be budgeted for the fees and costs that are required to gain access to the court. My gross income as computed on a monthly basis is 150% or less of the current federal poverty level. (Note: Gross monthly income includes your share of community property income if available to you.)

OR

B. [] I do not have the money to pay court filing fees and/or costs now. I can pay the filing fees and/or costs at a later date. **Explain.**

OR

C. [] My income is greater than 150% of the poverty level, but have proof of extraordinary expenses (including medical expenses and costs of care for elderly or disabled family members) or other expenses that reduce my gross monthly income to 150% or below the poverty level.

DESCRIPTION OF EXPENSES	AMOUNT
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL EXTRAORDINARY EXPENSES	\$ _____

5. [] WAIVER:

I am permanently unable to pay. My income and liquid assets are insufficient or barely sufficient to meet the daily essentials of life and are unlikely to change in the foreseeable future.

IMPORTANT

This "Application for Deferral or Waiver of Court Fees or Costs" includes a "Consent to Entry of Judgment." By signing this Consent, you agree a judgment may be entered against you for all fees and costs that are deferred but remain unpaid thirty (30) calendar days after entry of final judgment. At the conclusion of the case you will receive a *Notice of Court Fees and Costs Due* indicating how much is owed and what steps you must take to avoid a judgment against you if you are still participating in a qualifying program. You may be ordered to repay any amounts that were waived if the court finds you were not eligible for the fee deferral or waiver. If your case is dismissed for any reason, the fees and costs are still due.

CONSENT TO ENTRY OF JUDGMENT. By signing this Application, I agree that a judgment may be entered against me for all fees or costs that are deferred but remain unpaid thirty (30) calendar days after entry of final judgment.

OATH OR AFFIRMATION

I declare under penalty of perjury that the foregoing is true and correct.

Date

Signature

Applicant's Printed Name

Date

Judicial Officer, Deputy Clerk or Notary Public

My Commission Expires/Seal:

IN THE COURT OF APPEALS
STATE OF ARIZONA
DIVISION _____

_____ APPLICANT, _____ Petitioner, v. THE INDUSTRIAL COMMISSION OF ARIZONA, Respondent, _____ EMPLOYER Respondent _____ INSURANCE CARRIER Respondent _____	No. ____ CA-IC _____ ICA No. _____ Carrier No. _____
--	--

**[PETITIONER’S OPENING BRIEF] [RESPONDENT’S ANSWERING BRIEF]
OR [PETITIONER’S REPLY BRIEF]**

Print Name [Petitioner/Respondent]

Signature

Address

[USE APPROPRIATE COLOR FOR THE COVER]

Cover page of Opening Brief is BLUE
Cover page of Answering Brief is RED
Cover page of Reply Brief is GRAY

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A. Standards of Appellate Review

B.

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A. Standards of Appellate Review

B.....

Conclusion

Certificate of Compliance

Certificate of Service

STATEMENT OF THE CASE

(*Add additional sheets of paper as necessary to complete this section)

STATEMENT OF FACTS

(*Add additional sheets of paper as necessary to complete this section)

ISSUE(S) PRESENTED

(*Add additional sheets of paper as necessary to complete this section)

ARGUMENT

(*Add additional sheets of paper as necessary to complete this section)

CONCLUSION

[Date]

[Print Name] [Petitioner/Respondent]

[Signature]

[Address]

CERTIFICATE OF COMPLIANCE

Pursuant to ARCAP 14(b), I certify that the attached brief:

- _____ Uses proportionately spaced type of 14 points or more, is double spaced using a Roman font, and contains _____ words; OR
- _____ Uses monospaced type of no more than 10.5 characters per inch and
- _____ Does not exceed 40 pages [if Opening or Answering Brief]
- _____ Does not exceed 20 pages [if Reply Brief]

Dated: _____

Print Name [Petitioner/Respondent]

Signature

Address

PROOF OF SERVICE

The undersigned _____ [Petitioner/Respondent]
on the ____ day of _____, 200____, filed an Original and six (6) copies of the
_____ [Petitioner’s Opening Brief,
Respondent’s Answering Brief, or Petitioner’s Reply Brief] in the Court of Appeals;
and mailed a copy to the following parties:

[Petitioner/Respondent or Counsel]

Address

City, State, Zip Code

Industrial Commission of Arizona

Address

City, State, Zip Code

Dated: _____

[Petitioner/Respondent]

IN THE COURT OF APPEALS
STATE OF ARIZONA
DIVISION _____

_____ EMPLOYER Petitioner,	No. ____ CA-IC _____ ICA No. _____ Carrier No. _____
_____ INSURANCE CARRIER Petitioner,	
v.	
THE INDUSTRIAL COMMISSION OF ARIZONA, Respondent,	
_____ APPLICANT Respondent	

**[PETITIONER’S OPENING BRIEF] [RESPONDENT’S ANSWERING BRIEF]
OR [PETITIONER’S REPLY BRIEF]**

Print Name [Petitioner/Respondent]

Signature

Address

[USE APPROPRIATE COLOR FOR THE COVER]
Cover page of Opening Brief is BLUE
Cover page of Answering Brief is RED
Cover page of Reply Brief is GRAY

TABLE OF CONTENTS

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A. Standards of Appellate Review

B.

1.....

2.....

II.....

A. Standards of Appellate Review

B.....

Conclusion

Certificate of Compliance

Certificate of Service

STATEMENT OF THE CASE

(*Add additional sheets of paper as necessary to complete this section)

STATEMENT OF FACTS

(*Add additional sheets of paper as necessary to complete this section)

ISSUE(S) PRESENTED

(*Add additional sheets of paper as necessary to complete this section)

ARGUMENT

(*Add additional sheets of paper as necessary to complete this section)

CONCLUSION

[Date]

[Print Name] [Petitioner/Respondent]

[Signature]

[Address]

CERTIFICATE OF COMPLIANCE

Pursuant to ARCAP 14(b), I certify that the attached brief:

- _____ Uses proportionately spaced type of 14 points or more, is double spaced using a Roman font, and contains _____ words; OR
- _____ Uses monospaced type of no more than 10.5 characters per inch and
- _____ Does not exceed 40 pages [if Opening or Answering Brief]
- _____ Does not exceed 20 pages [if Reply Brief]

Dated: _____

Print Name [Petitioner/Respondent]

Signature

Address

PROOF OF SERVICE

The undersigned _____ [Petitioner/Respondent]
on the ____ day of _____, 200____, filed an Original and six (6) copies of the
_____ [Petitioner's Opening Brief,
Respondent's Answering Brief, or Petitioner's Reply Brief] in the Court of Appeals; and
mailed a copy to the following parties:

[Petitioner/Respondent or Counsel]

Address

City, State, Zip Code

Industrial Commission of Arizona

Address

City, State, Zip Code

Dated: _____

[Petitioner/Respondent]

IN THE COURT OF APPEALS
STATE OF ARIZONA
DIVISION _____

APPLICANT,

Petitioner,

v.

THE INDUSTRIAL
COMMISSION OF ARIZONA,
Respondent,

EMPLOYER
Respondent

INSURANCE CARRIER
Respondent

No. __ CA-IC _____

ICA No. _____

Carrier No. _____

**MOTION FOR EXTENSION OF
TIME TO FILE BRIEF**

_____ [Petitioner/Respondent] requests an extension of time
within which to file _____ [his/hers] _____ [Opening/
Answering/Reply] Brief from _____ [Date Currently Due] to
_____ [New Date] for the reasons that

_____ [Set Forth Reasons].

Dated: _____

Print Name [Petitioner/Respondent]

Signature

Address

PROOF OF SERVICE

The undersigned _____ [Petitioner/Respondent]
on the ____ day of _____, 200____, filed an Original and four (4) copies of the
Motion for Extension of Time to File Brief in the Court of Appeals; and mailed a copy
to the following parties:

[Petitioner/Respondent or Counsel]

Address

City, State, Zip Code

Industrial Commission of Arizona

Address

City, State, Zip Code

Dated: _____

[Petitioner/Respondent]

IN THE COURT OF APPEALS
STATE OF ARIZONA
DIVISION _____

EMPLOYER

Petitioner,

No. __ CA-IC _____

ICA No. _____

INSURANCE CARRIER

Petitioner,

Carrier No. _____

v.

THE INDUSTRIAL
COMMISSION OF ARIZONA,
Respondent,

**MOTION FOR EXTENSION OF
TIME TO FILE BRIEF**

APPLICANT

Respondent

_____ [Petitioner/Respondent] requests an extension of time
within which to file _____ [his/hers] _____ [Opening/
Answering/Reply] brief from _____ [Date Currently Due] to
_____ [New Date] for the reasons that

_____ [Set Forth Reasons].

Dated: _____

Print Name [Petitioner/Respondent]

Signature

Address

PROOF OF SERVICE

The undersigned _____ [Petitioner/Respondent] on the ____ day of _____, 200____, filed an Original and four (4) copies of the Motion for Extension of Time to File Brief in the Court of Appeals; and mailed a copy to the following parties:

[Petitioner/Respondent or Counsel]

Address

City, State, Zip Code

Industrial Commission of Arizona

Address

City, State, Zip Code

Dated: _____

[Petitioner/Respondent]

IN THE COURT OF APPEALS
STATE OF ARIZONA
DIVISION _____

APPLICANT,

Petitioner,

v.

THE INDUSTRIAL
COMMISSION OF ARIZONA,
Respondent,

EMPLOYER
Respondent

INSURANCE CARRIER
Respondent

No. ____ CA-IC _____

ICA No. _____

Carrier No. _____

**STIPULATION FOR EXTENSION
OF TIME FOR FILE BRIEF**

The undersigned stipulate and agree that _____
[Petitioner's/Respondent's] time for filing the _____ [Opening/
Answering/Reply] Brief in this matter may be extended from _____
[Current Due Date] to _____ [New Date Desired]. This
extension is requested because _____

_____ [List Reasons].

Dated: _____

Print Name [Petitioner/Respondent]

Print Name [Petitioner/Respondent]

Signature

Signature

Address

Address

PROOF OF SERVICE

The undersigned _____ [Petitioner/Respondent]
on the ____ day of _____, 200____, filed an Original and four (4) copies of the
Stipulation for Extension of time for File Brief in the Court of Appeals; and mailed a
copy to the following parties:

[Petitioner/Respondent or Counsel]

Address

City, State, Zip Code

Industrial Commission of Arizona

Address

City, State, Zip Code

Dated: _____

[Petitioner/Respondent]

IN THE COURT OF APPEALS
STATE OF ARIZONA
DIVISION ____

EMPLOYER

Petitioner,

INSURANCE CARRIER

Petitioner,

v.

THE INDUSTRIAL COMMISSION
OF ARIZONA,

Respondent,

APPLICANT

Respondent

No. ____ CA-IC _____

ICA No. _____

Carrier No. _____

**STIPULATION FOR EXTENSION
OF TIME FOR FILE BRIEF**

The undersigned stipulate and agree that _____ [Petitioner's/
Respondent's] time for filing the _____ [Opening/ Answering/Reply]
Brief in this matter may be extended from _____ [Current Due
Date] to _____ [New Date Desired]. This extension is
requested because _____

_____ [List Reasons].

Dated: _____

Print Name [Petitioner/Respondent]

Print Name [Petitioner/Respondent]

Signature

Signature

Address

Address

PROOF OF SERVICE

The undersigned _____ [Petitioner/Respondent] on the ____ day of _____, 200____, filed an Original and four (4) copies of the Stipulation for Extension of time for File Brief in the Court of Appeals; and mailed a copy to the following parties:

[Petitioner/Respondent or Counsel]

Address

City, State, Zip Code

Industrial Commission of Arizona

Address

City, State, Zip Code

Dated: _____

[Petitioner/Respondent]

IN THE COURT OF APPEALS
STATE OF ARIZONA
DIVISION ____

APPLICANT,

Petitioner,

v.

THE INDUSTRIAL
COMMISSION OF ARIZONA,
Respondent,

EMPLOYER
Respondent

INSURANCE CARRIER
Respondent

No. ____ CA-IC _____

ICA No. _____

Carrier No. _____

REQUEST FOR ORAL ARGUMENT

Pursuant to ARCAP 18, the _____ [Petitioner/Respondent] requests oral argument in the above-entitled matter.

Dated: _____

Print Name [Petitioner/Respondent]

Signature

Address

PROOF OF SERVICE

The undersigned _____ [Petitioner/Respondent]
on the ____ day of _____, 200__, filed an Original and six (6) copies of the
Request for Oral Argument in the Court of Appeals; and mailed a copy to the following
parties:

[Petitioner/Respondent or Counsel]

Address

City, State, Zip Code

Industrial Commission of Arizona

Address

City, State, Zip Code

Dated: _____

[Petitioner/Respondent]

IN THE COURT OF APPEALS
STATE OF ARIZONA
DIVISION ____

EMPLOYER

Petitioner,

INSURANCE CARRIER

Petitioner,

v.

THE INDUSTRIAL COMMISSION
OF ARIZONA,

Respondent,

APPLICANT

Respondent

No. ____ CA-IC _____

ICA No. _____

Carrier No. _____

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oral argument in the above-entitled matter.

Dated: _____

Print Name [Petitioner/Respondent]

Signature

Address

PROOF OF SERVICE

The undersigned _____ [Petitioner/Respondent] on the ____ day of _____, 200____, filed an Original and six (6) copies of the Request for Oral Argument in the Court of Appeals; and mailed a copy to the following parties:

[Petitioner/Respondent or Counsel]

Address

City, State, Zip Code

Industrial Commission of Arizona

Address

City, State, Zip Code

Dated: _____

[Petitioner/Respondent]

IN THE COURT OF APPEALS
STATE OF ARIZONA
DIVISION _____

APPLICANT,

Petitioner,

v.

THE INDUSTRIAL
COMMISSION OF ARIZONA,
Respondent,

EMPLOYER
Respondent

INSURANCE CARRIER
Respondent

No. ____ CA-IC _____

ICA No. _____

Carrier No. _____

STATEMENT OF COSTS

To: The Clerk of this Court and attorneys for the _____ [Petitioner/Respondent]:

The undersigned _____ [Petitioner/Respondent] requests taxation of costs in the sum of \$ _____ [Dollar Amount] for the following expenses:

- 1. Clerk's fees \$ _____
- 2. Briefs \$ _____
- 3. [Other]..... \$ _____
- TOTAL \$ _____

Dated: _____

Print Name [Petitioner/Respondent]

Signature

Address

AFFIDAVIT SUPPORTING STATEMENT OF COSTS

STATE OF ARIZONA)
) ss.
_____ COUNTY)

_____ [Name], being first sworn upon oath, deposes and says:

_____ [He/She] is the _____ [Petitioner/Respondent] in this action, is better informed than the _____ [Petitioner/Respondent] of the costs in this appeal. The amounts listed above have actually been expended in connection with this case.

Print Name [Petitioner/Respondent]

Signature

SUBSCRIBED AND SWORN TO before me on [Date].

[seal]

Notary Public

PROOF OF SERVICE

The undersigned _____ [Petitioner/Respondent]
on the ____ day of _____, 200____, filed an Original and six (6) copies of the
Statement of Costs in the Court of Appeals; and mailed a copy to the following parties:

[Petitioner/Respondent or Counsel]

Address

City, State, Zip Code

Industrial Commission of Arizona

Address

City, State, Zip Code

Dated: _____

[Petitioner/Respondent]

IN THE COURT OF APPEALS
STATE OF ARIZONA
DIVISION _____

EMPLOYER

Petitioner,

INSURANCE CARRIER

Petitioner,

v.

THE INDUSTRIAL COMMISSION
OF ARIZONA,

Respondent,

APPLICANT

Respondent

No. ____ CA-IC _____

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- 3. [Other]..... \$ _____
- TOTAL \$ _____

Dated: _____

Print Name [Petitioner/Respondent]

Signature

Address

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STATE OF ARIZONA)
) ss.
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_____ [Name], being first sworn upon oath,
deposes and says:
_____ [He/She] is the _____ [Petitioner/Respondent] in this action, is
better informed than the _____ [Petitioner/Respondent] of the costs in this
appeal. The amounts listed above have actually been expended in connection with
this case.

[Signed]

SUBSCRIBED AND SWORN TO before me on [Date].

[seal]

Notary Public

Copy of the foregoing was mailed
on _____ [Date] to

Name

Address

PROOF OF SERVICE

The undersigned _____ [Petitioner/Respondent]
on the ____ day of _____, 200 ____, filed an Original and six (6) copies of the
Statement of Costs in the Court of Appeals; and mailed a copy to the following parties:

[Petitioner/Respondent or Counsel]

Address

City, State, Zip Code

Industrial Commission of Arizona

Address

City, State, Zip Code

Dated: _____

[Petitioner/Respondent]

[NOTE: LIMIT FOR THIS DOCUMENT IS 12 PAGES]

IN THE COURT OF APPEALS
STATE OF ARIZONA
DIVISION _____

_____	No. ____ CA-IC _____
APPLICANT,	ICA No. _____
	Carrier No. _____
Petitioner,	
v.	
THE INDUSTRIAL	
COMMISSION OF ARIZONA,	
Respondent,	

EMPLOYER	
Respondent	

INSURANCE CARRIER	
Respondent	

PETITION FOR REVIEW

Print Name [Petitioner/Respondent]

Signature

Address

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Certificate of Compliance	
Certificate of Service	

[Party filing the Petition for Review must attach a copy of the Court of Appeals decision to the Petition]

ISSUES PRESENTED FOR REVIEW

(*Add additional sheets of paper as necessary to complete this section)

**LIST OF ADDITIONAL ISSUES PRESENTED TO, BUT NOT DECIDED BY
COURT OF APPEALS AND WHICH MAY NEED TO BE DECIDED IF REVIEW
IS GRANTED**

(*Add additional sheets of paper as necessary to complete this section)

STATEMENT OF FACTS

(*Add additional sheets of paper as necessary to complete this section)

REASONS FOR GRANTING THIS PETITION

(*Add additional sheets of paper as necessary to complete this section)

CONCLUSION

[Date]

[Print Name] [Petitioner/Respondent]

[Signature]

[Address]

PROOF OF SERVICE

The undersigned _____ [Petitioner/Respondent] on the ____ day of _____, 200____, filed an Original and seven (7) copies of the Petition for Review in the Court of Appeals; and mailed a copy to the following parties:

[Petitioner/Respondent or Counsel]

Address

City, State, Zip Code

Industrial Commission of Arizona

Address

City, State, Zip Code

Dated: _____

[Petitioner/Respondent]

[NOTE: LIMIT FOR THIS DOCUMENT IS 12 PAGES]

IN THE COURT OF APPEALS
STATE OF ARIZONA
DIVISION _____

_____ EMPLOYER Petitioner,	No. ____ CA-IC _____
_____ INSURANCE CARRIER Petitioner,	ICA No. _____
v.	Carrier No. _____
THE INDUSTRIAL COMMISSION OF ARIZONA, Respondent,	
_____ APPLICANT Respondent	

PETITION FOR REVIEW

Print Name [Petitioner/Respondent]

Signature

Address

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REASONS FOR GRANTING THIS PETITION

(*Add additional sheets of paper as necessary to complete this section)

CONCLUSION

[Date]

[Print Name] [Petitioner/Respondent]

[Signature]

[Address]

PROOF OF SERVICE

The undersigned _____ [Petitioner/Respondent]
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[Petitioner/Respondent or Counsel]

Address

City, State, Zip Code

Industrial Commission of Arizona

Address

City, State, Zip Code

Dated: _____

[Petitioner/Respondent]

[NOTE: LIMIT FOR THIS DOCUMENT IS 12 PAGES]

ARIZONA SUPREME COURT

<p>_____</p> <p>APPLICANT,</p> <p style="text-align: right;">Petitioner,</p> <p>v.</p> <p>THE INDUSTRIAL COMMISSION OF ARIZONA,</p> <p style="text-align: right;">Respondent,</p> <p>_____</p> <p>EMPLOYER</p> <p style="text-align: right;">Respondent</p> <p>_____</p> <p>INSURANCE CARRIER</p> <p style="text-align: right;">Respondent</p> <p>_____</p>	<p>No. ___ CA-IC _____</p> <p>ICA No. _____</p> <p>Carrier No. _____</p>
---	--

RESPONSE TO PETITION FOR REVIEW

Print Name [Petitioner/Respondent]

Signature

Address

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REASONS FOR GRANTING THIS PETITION

(*Add additional sheets of paper as necessary to complete this section)

CONCLUSION

[Date]

[Print Name] [Petitioner/Respondent]

[Signature]

[Address]

PROOF OF SERVICE

The undersigned _____ [Petitioner/Respondent] on the ____ day of _____, 200____, filed an Original and seven (7) copies of the Response to Petition for Review in the Arizona Supreme Court; and mailed a copy to the following parties:

[Petitioner/Respondent or Counsel]

Address

City, State, Zip Code

Industrial Commission of Arizona

Address

City, State, Zip Code

Dated: _____

[Petitioner/Respondent]

[NOTE: LIMIT FOR THIS DOCUMENT IS 12 PAGES]

ARIZONA SUPREME COURT

_____	No. ____ CA-IC _____
APPLICANT,	ICA No. _____
	Carrier No. _____
Petitioner,	
v.	
THE INDUSTRIAL	
COMMISSION OF ARIZONA,	
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INSURANCE CARRIER	
Respondent	

RESPONSE TO PETITION FOR REVIEW

Print Name [Petitioner/Respondent]

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[Print Name] [Petitioner/Respondent]

[Signature]

[Address]

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City, State, Zip Code

Dated: _____

[Petitioner/Respondent]