Before The

MISSOURI LABOR AND INDUSTRIAL RELATIONS COMMISSION

3315 W. Truman Blvd., Suite 214
PO Box 599
Jefferson City, MO 65102-0599
(573) 751-2461 (office) • (573) 751-7806 (fax)
Email: LIRC@labor.mo.gov

Employee:

Dependent(s):

Employer:

Insurer:

Injury Number:
Or
Medical Fee Dispute Number:

Date of Injury:

Check here if the Second Injury Fund is involved in this Application for Review. ☐

Other Additional Party or Medical Provider, if applicable:

APPLICATION FOR REVIEW

The undersigned makes Application for Review to the Labor and Industrial Relations Commission of an award, decision or order made by an Administrative Law Judge of the Division of Workers' Compensation in the above referenced case, issued on the

_____ day of _____ , 20 _____ .

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 award, decision or order is erroneous for the following specific reasons:
(You may attach additional sheets.)

Filed by: ☐Employee ☐Employer ☐Employer/Insurer ☐Second Injury Fund ☐HCP

_____ Date: _____
(Signature of Applicant/Petitioner)

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

Address: _____
(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.