

**Sample Summons & Complaint Forms for
Applicant (Employee) Plaintiffs
In Worker's Compensation (WC) Cases
Involving Worker's Compensation Benefits Claims**

DISCLAIMER: The following forms are intended solely as a guideline for those appealing decisions of the Labor and Industry Review Commission to the circuit court. It is not meant to be legal advice, nor is it legal advice in any fashion. The following forms do not in any way remove from the individual the responsibility to research and comply with all applicable statutory requirements for the filing and processing of an appeal of a commission decision with the circuit court. For legal advice, you may want to contact an attorney.

These sample forms are designed for use only in cases in which an applicant (employee) is seeking court review of a decision of the Labor and Industry Review Commission involving a claim for Worker's Compensation Benefits.

These sample forms should only be used in cases in which the caption of LIRC's decision identifies:

- one applicant, one employer and one insurer,
- or
- one applicant and one employer.

STATE OF WISCONSIN CIRCUIT COURT _____ COUNTY
BRANCH _____
(Court Will Assign) *(County Name)*

_____, Plaintiff
(Applicant/Employee's Name)

SUMMONS

(Applicant/Employee's Address)

Case No. _____
(Court Will Assign)

#30607 – Administrative Agency
Review

vs.

Labor and Industry Review Commission,
3319 West Beltline Highway
P. O. Box 8126
Madison WI 53708-8126;

_____,
(Employer's Name)

(Employer's Address)

_____;

and

*(If an insurer was named in the caption of LIRC's
decision, it must be made a defendant - write its name here)*

(Address of any insurer named above)

_____, Defendants.

THE STATE OF WISCONSIN

To each person named above as a defendant:

You are hereby notified that the plaintiff named above has filed a lawsuit or other legal action against you. The complaint, which is attached, states the nature and basis of the legal action.

Within (20) (45) days of receiving this summons, you must respond with a written answer, as that term is used in Chapter 802 of the Wisconsin Statutes, to the complaint. The court may reject or disregard an answer that does not follow the requirements of the statutes. The answer must be sent or delivered to the court, whose address is

_____, and to the
(Court's Address)
plaintiff named above, whose address is _____
(Plaintiff's Address)

_____. You may have an attorney help or represent you.

If you do not provide a proper answer within (20) (45) days, the court may grant judgment against you for the award of money or other legal action requested in the complaint, and you may lose your right to object to anything that is or may be incorrect in the complaint. A judgment may be enforced as provided by law. A judgment awarding money may become a lien against any real estate you own now or in the future, and may also be enforced by garnishment or seizure of property.

Dated: _____.
(Write the Date on Which You are Signing this Summons)

Signature of Plaintiff: _____
(Must be Signed by Plaintiff or Plaintiff's Attorney)

STATE OF WISCONSIN

CIRCUIT COURT
BRANCH _____

(Court Will Assign)

(County Name) COUNTY

_____, Plaintiff
(Applicant/Employee's Name)

COMPLAINT

(Applicant/Employee's Address)

Case No. _____
(Court Will Assign)

#30607 – Administrative Agency
Review

vs.

Labor and Industry Review Commission,
3319 West Beltline Highway
P. O. Box 8126
Madison WI 53708-8126,

*(If an employer was named in the caption of LIRC's
decision, it must be made a defendant - write its name here)*

(Address of any employer named above)

and

*(If an insurer was named in the caption of LIRC's
decision, it must be made a defendant - write its name here)*

(Address of any insurer named above)

_____, Defendants.

The above-named plaintiff, for his or her cause of action against the above-named defendants respectfully shows to the court that:

1. Plaintiff Applicant/Employee is a/an _____
(Here Write Your Occupation)
and resides at _____.
(Here Write Your Address)

2. The Labor and Industry Review Commission is an independent, higher authority administrative agency of the State of Wisconsin responsible for deciding disputed claims under ch. 102, Stats., the Wisconsin Worker's Compensation law, with final review authority over disputed worker's compensation decisions.

3. The above-named defendant employer, _____, employs
(Employer's Name)
or formerly employed the plaintiff, and that defendant employer's address is:

(Here Write the Employer's Address)

4. The above-named defendant insurer, _____,
(Include Insurer if it is Identified in the Caption of LIRC's Decision)
is the worker's compensation insurer for the employer named above, and that
defendant insurer's address is: _____

(If No Insurer Write "None" in the Blanks)

5. On _____, in a proceeding under
(Insert Date of the LIRC Decision)
ss. 102.16 to 102.26, Stats., the Labor and Industry Review Commission made
certain findings and, based upon such findings, made and entered its decision
concerning plaintiff's claim.

6. Plaintiff is aggrieved by reason of said findings and decision, and brings this action for a review of said findings and decision, upon the grounds that the commission's decision was erroneous, in the following respects:

(Explain Basis for the Appeal)

Wherefore, plaintiff demands judgment that the findings and decision complained of be set aside, and for such other or further judgment, order, or relief as the circumstances may warrant.

Dated: _____.
(Write the Date on Which You are Signing this Complaint)

Signature of Plaintiff: _____
(Must be Signed by Plaintiff or Plaintiff's Attorney)