

NAME:

STREET:

CITY, STATE, ZIP CODE:

TELEPHONE #:

**STATE OF CALIFORNIA
WORKERS' COMPENSATION APPEALS BOARD**

vs.	Applicant, Defendants.
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ADJ #:

RTWSP Application #:

PETITION APPEALING
DENIAL OF
RETURN-TO-WORK
SUPPLEMENT

A decision was filed in the above-entitled case on

The _____ is aggrieved by said decision and hereby petitions for reconsiderations upon the following grounds (strike out items not applicable):

1. By the order, decision or award, the Board acted without or in excess of its powers.
2. The order, decision, or award was procured by fraud.
3. The evidence does not justify the findings of fact.
4. Petitioner has discovered new evidence material to him with he could not with reasonable diligence have discovered and produced at the hearing.
5. The findings of fact do not support the order, decision or award.

In support of the above, petitioner gives the following details, including a statement of facts upon which petitioner relies and a discussion of the law applicable thereto:

Your Signature

Date