

## Information & Assistance Unit guide 11

### How to file a petition to reopen

If your disability has gotten worse after a workers' compensation judge has issued an award, this form can be used to reopen your case.

You should get a medical report from your doctor saying your condition has worsened, and collect any other facts that support your case.

Complete the form, following the attached sample. Be sure to sign and date the form.

You have five years from the date of injury to file this petition.

If the insurance company won't voluntarily reopen your case and you are ready for a hearing, fill out a declaration of readiness to proceed (see I&A guide 5) and submit it with your petition.

Send copies to your local WCAB office and to all the parties

Submit the following documents with your form filing in the order shown:

- ✓ [Document Cover Sheet](#)
- ✓ [Document Separator Sheet](#) (for Petition for Reopen)
- ✓ [Petition for Reopen](#)
- ✓ [Document Separator Sheet](#) (for Proof of Service By Mail)
- ✓ [Proof of Service By Mail](#)

Keep originals for your record."

All documents filed with the WCAB must include a document cover sheet and document separator sheet. Please see I&A guides 17 and 18 to learn how to complete these forms. In addition all forms must be typed or handwritten in block letters to insure legibility. Additional form instructions can be found on the EAMS OCR handbook at

[http://www.dir.ca.gov/dwc/eams/SampleFiles/EAMS\\_OCR%20handbook.pdf](http://www.dir.ca.gov/dwc/eams/SampleFiles/EAMS_OCR%20handbook.pdf).

If you need help, call an [Information and Assistance \(I&A\) office](#), or attend a [workshop for injured workers](#). The local I&A phone numbers are attached to this guide. You can get information on a local workshop from the I&A office or on the Web at [www.dwc.ca.gov](http://www.dwc.ca.gov).

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If you do not have the name and address of your insurance company to complete a form, please link to <http://www.dir.ca.gov/DWC/EAMS/EAMS-LC/EAMSClaimsAdmins.asp>.

The information contained in this guide is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations different than those present here.

When sending documents to a district office, please make sure they are not folded or stapled. Send them in a large manila envelope. Please see the EAMS OCR forms handbook for further instructions.



## WORKERS' COMPENSATION APPEALS BOARD DISTRICT OFFICES

### **ANAHEIM, 92806**

1065 N. PacifiCenter Drive, Suite 202  
Information & Assistance Unit (714) 414-7401

### **BAKERSFIELD, 93301-1929**

1800 30<sup>th</sup> Street, Suite 100  
Information & Assistance Unit (661) 395-2514

### **EUREKA, 95501-0481**

100 "H" Street, Suite 202  
Information & Assistance Unit (707) 441-5723

### **FRESNO, 93721-2280**

2550 Mariposa Street, Suite 4078  
Information & Assistance Unit (559) 445-5355

### **GOLETA, 93117-3018**

6755 Hollister Avenue, Suite 100  
Information & Assistance Unit (805) 968-4158

### **LONG BEACH, 90802-4339**

300 Oceangate Street, Suite 200  
Information & Assistance Unit (562) 590-5240

### **LOS ANGELES, 90013-1105**

320 West 4<sup>th</sup> Street, 9<sup>th</sup> Floor  
Information & Assistance Unit (213) 576-7389

### **MARINA DEL REY, CA 90292**

4720 Lincoln Boulevard, 2<sup>nd</sup> and 3<sup>rd</sup> floors  
Information & Assistance Unit (310) 482-3858

### **OAKLAND, 94612-1402**

1515 Clay Street, 6<sup>th</sup> Floor  
Information & Assistance Unit (510) 622-2861

### **OXNARD, 93030**

1901 N. Rice Avenue, Suite 100  
Information & Assistance Unit (805) 485-3528

### **POMONA, 91766-1601**

732 Corporate Center Drive  
Information & Assistance Unit (909) 623-8568

### **REDDING, 96001-2796**

2115 Civic Center Drive, Suite 15  
Information & Assistance Unit (530) 225-2047

### **RIVERSIDE, 92501-3337**

3737 Main Street, Suite 300  
Information & Assistance Unit (951) 782-4347

### **SACRAMENTO, 95034**

160 Promenade Circle Suite 300  
Information & Assistance Unit (916) 928-3158

### **SALINAS, 93906-2204**

1880 North Main Street, Suites 100 & 200  
Information & Assistance (831) 443-3058

### **SAN BERNARDINO, 92401-1411**

464 West Fourth Street, Suite 239  
Information & Assistance Unit (909) 383-4522

### **SAN DIEGO, 92108**

7575 Metropolitan Drive, Suite 202  
Information & Assistance Unit (619) 767-2082

### **SAN FRANCISCO, 94102-7002**

455 Golden Gate Avenue, 2<sup>nd</sup> Floor  
Information & Assistance Unit (415) 703-5020

### **SAN JOSE, 95113-1482**

100 Paseo de San Antonio, Suite 241  
Information & Assistance Unit (408) 277-1292

### **SAN LUIS OBISPO, 93401**

4740 Allene Way, Suite 100  
Information & Assistance Unit (805) 596-4159

### **SANTA ANA, 92701-4070**

605 W Santa Ana Boulevard, Bldg 28, Suite 451  
Information & Assistance Unit (714) 558-4597

### **SANTA ROSA, 95404-4760**

50 "D" Street, Suite 420  
Information & Assistance Unit (707) 576-2452

### **STOCKTON, 94202**

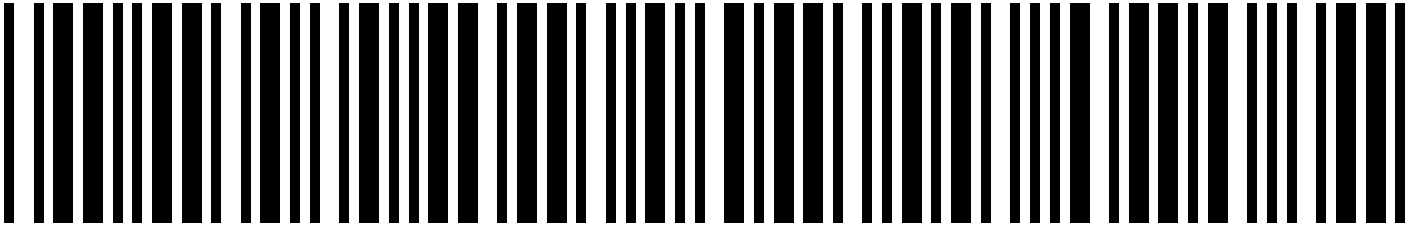
31 East Channel Street, Suite 344  
Information & Assistance Unit (209) 948-7980

### **VAN NUYS, 91401-3373**

6150 Van Nuys Boulevard, Suite 105  
Information & Assistance Unit (818) 901-5374

# DOCUMENT SEPARATOR SHEET

SAMPLE



Product Delivery Unit

ADJ

Document Type

LEGAL DOCS

Document Title

PETITION TO REOPEN

Document Date

DATE YOU FILLED OUT FORM

MM/DD/YYYY

Author

YOUR NAME

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## Office Use Only

Received Date

MM/DD/YYYY

Department of Industrial Relations
Division of Workers' Compensation
WORKERS' COMPENSATION APPEALS BOARD
STATE OF CALIFORNIA

Your Name )
) Case No. your WCAB case number
)
Applicant,)
vs. )
)
Your employer and insurance company )
)
Defendants)

PETITION TO REOPEN

Petitioner hereby requests that the above-entitled action be reopened for the following reasons:

Explain in your words why you feel
your case should be reopened

PROOF OF SERVICE
(WCAB RULE 10514)

On today's date at city
(date) (place)

your signature
Petitioner

Copy mailed to following addresses:

(1) WCAB

your address
Address

(2) insurance company

Attorney for Petitioner

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Address of Attorney

your signature
(Signature)

**Department of Industrial Relations  
 Division of Workers' Compensation  
 WORKERS' COMPENSATION APPEALS BOARD  
 STATE OF CALIFORNIA**

)  
 ) Case No.  
 )

vs.

*Applicant,*)

**PETITION TO REOPEN**

*Defendants,*)

Petitioner hereby requests that the above-entitled action be reopened for the following reasons:

**PROOF OF SERVICE  
 (WCAB RULE 10514)**

On \_\_\_\_\_ at \_\_\_\_\_  
 (date) (place)

-----  
 Petitioner

Copy mailed to following addresses:

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 Address

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 Attorney for Petitioner

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 Address of Attorney

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 (Signature)