Form 3. Caption for Industrial Commission of Arizona Special Action

Attorney or Party Name
Law Firm Name (if any)
State Bar No. (if any)
Mailing Address
City, State, Zip Code
Telephone Number
Email Address (if required)
Attorney for (party name)

ARIZONA COURT OF APPEALS

DIVISION [ONE OR TWO]

WORKER NAME, Petitioner, v. THE INDUSTRIAL COMMISSION OF ARIZONA, Respondent, COMPANY NAME, Respondent Employer, INSURANCE COMPANY NAME, [if applicable] Respondent Carrier.	)	Court of Appeals Division [One or Two] No. 1 CA-IC __-____ ICA Claim No. ____-_____ Carrier Claim [if applicable] No. _____-_____-WC-__ PETITION FOR SPECIAL ACTION – INDUSTRIAL COMMISSION

*ARS § 12-120.21(B) provides, in part, that "[a]n application for a writ of certiorari to review the lawfulness of an award of the industrial commission shall be brought in division 1." By agreement between the Divisions, however, Division

One may order the transfer of certain cases to Division Two for further proceedings.