# 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 the original to your local WCAB office and copies 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
- ✓ Verification
- ✓ Document Separator Sheet (for Proof of Service By Mail)
- ✓ Proof of Service By Mail

Keep copies of your filings for your records.

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.

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 http://www.dir.ca.gov/dwc.

**Information & Assistance Unit guide 11**

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, 92806-2131**
  1065 North Link, Suite 170
  Information & Assistance Unit **(714) 414-1801**

- **BAKERSFIELD, 93301-1929**
  1800 30th Street, Suite 100
  Information & Assistance Unit **(661) 395-2514**

- **FRESNO, 93721-2219**
  2550 Mariposa Street, Suite 4078
  Information & Assistance Unit **(559) 445-5355**

- **LODI, 95240-6936**
  3021 Reynolds Ranch Parkway, Suite 130
  Information & Assistance Unit **(209) 948-7759**

- **LONG BEACH, 90810-1870**
  1500 Hughes Way, Suite C203
  Information & Assistance Unit **(424) 450-2565**

- **LOS ANGELES, 90013-1105**
  320 W 4th Street, 9th Floor
  Information & Assistance Unit **(213) 576-7389**

- **MARINA DEL REY, 90292-6902**
  4720 Lincoln Boulevard, 2nd and 3rd Floors
  Information & Assistance Unit **(310) 482-3820**

- **OAKLAND, 94612-1499**
  1515 Clay Street, 6th Floor
  Information & Assistance Unit **(510) 622-2861**

- **OXNARD, 93030-7912**
  1901 N Rice Avenue, Suite 100
  Information & Assistance Unit **(805) 485-3528**

- **POMONA, 91768-1653**
  732 Corporate Center Drive
  Information & Assistance Unit **(909) 623-8568**

- **REDDING, 96002-0940**
  250 Hemsted Drive, 2nd Floor, Suite B
  Information & Assistance Unit **(530) 225-2047**

- **RIVERSIDE, 92501-3337**
  3737 Main Street, Suite 300
  Information & Assistance Unit **(951) 782-4347**

- **SACRAMENTO, 95834-2962**
  160 Promenade Circle, Suite 300
  Information & Assistance Unit **(916) 928-3158**

- **SALINAS, 93906-2204**
  1880 N Main Street, Suites 100 & 200
  Information & Assistance Unit **(831) 443-3058**

- **SAN BERNARDINO, 92401-1411**
  464 W Fourth Street, Suite 239
  Information & Assistance Unit **(909) 383-4522**

- **SAN DIEGO, 92108-4424**
  7575 Metropolitan Drive, Suite 202
  Information & Assistance Unit **(619) 767-2082**

- **SAN FRANCISCO, 94102-7014**
  455 Golden Gate Avenue, 2nd Floor
  Information & Assistance Unit **(415) 703-5020**

- **SAN JOSE, 95110-3718**
  224 Airport Parkway, Suite 600
  Information & Assistance Unit **(408) 277-1292**

- **SAN LUIS OBISPO, 93401-8736**
  4740 Allene Way, Suite 100
  Information & Assistance Unit **(805) 596-4159**

- **SANTA ANA, 92707-7704**
  2 MacArthur Place, Suite 600
  Information & Assistance Unit **(714) 942-7576**

- **SANTA BARBARA, 93101-7538**
  130 E Ortega Street
  Information & Assistance Unit **(805) 568-1390**

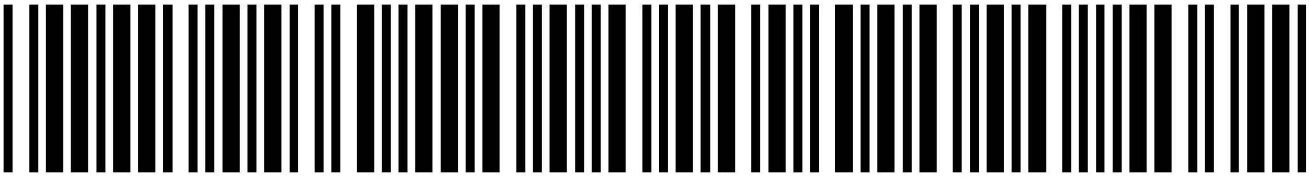
- **SANTA ROSA, 95404-4771**
  50 "D" Street, Suite 420
  Information & Assistance Unit **(707) 576-2452**

- **VAN NUYS, 91401-3370**
  6150 Van Nuys Boulevard, Suite 105
  Information & Assistance Unit **(818) 901-5374**

# STATE OF CALIFORNIA
# DWC DISTRICT OFFICE

**SAMPLE**

## DOCUMENT COVER SHEET



Is this a new case? Yes ☐ No ☐ Companion Cases Exist ☐ Walkthrough Yes ☐ No ☐

More than 15 Companion Cases ☐

**TODAY'S DATE**

Date:(MM/DD/YYYY)

SSN: **YOUR SOCIAL SECURITY NUMBER**

**EAMS CASE NUMBER**

Case Number 1

☐ Specific Injury

☐ Cumulative Injury

**DATE OF INJURY**

(Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

**IF NEW CASE LEAVE BLANK**

Body Part 1: _____ **USE CODE FROM BODY PART CODE LIST -- SEE PAGE 8**

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: **WHEN MORE THAN 5 BODY PARTS USE BODY PART NUMBER 700 IN THIS FIELD**

**Please check unit to be filed on ( check only one box )**

☐ ADJ ☐ DEU ☐ SIF ☐ UEF ☐ SAU ☐ INT ☐ RSU

**Companion Cases**

☐ Specific Injury

Case Number 2

☐ Cumulative Injury

(Start Date: MM/DD/YYYY) (End Date: MM/DD/YYYY)

(If Specific Injury, use the start date as the specific date of injury)

Body Part 1: _____

Body Part 3: _____

Body Part 2: _____

Body Part 4: _____

Other Body Parts: _____

# District office codes for place of venue

| Legend Abbreviation | Office |
|---|---|
| AHM | Anaheim |
| ANA | Santa Ana |
| BAK | Bakersfield |
| FRE | Fresno |
| LAO | Los Angeles |
| LBO | Long Beach |
| LOD | Lodi |
| MDR | Marina del Rey |
| OAK | Oakland |
| OXN | Oxnard |
| POM | Pomona |
| RDG | Redding |
| RIV | Riverside |
| SAC | Sacramento |
| SAL | Salinas |
| SBA | Santa Barbara |
| SBR | San Bernardino |
| SDO | San Diego |
| SFO | San Francisco |
| SJO | San Jose |
| SLO | San Luis Obispo |
| SRO | Santa Rosa |
| VNO | Van Nuys |

**Use this document to complete forms,**
**but do not file this document with your forms.**

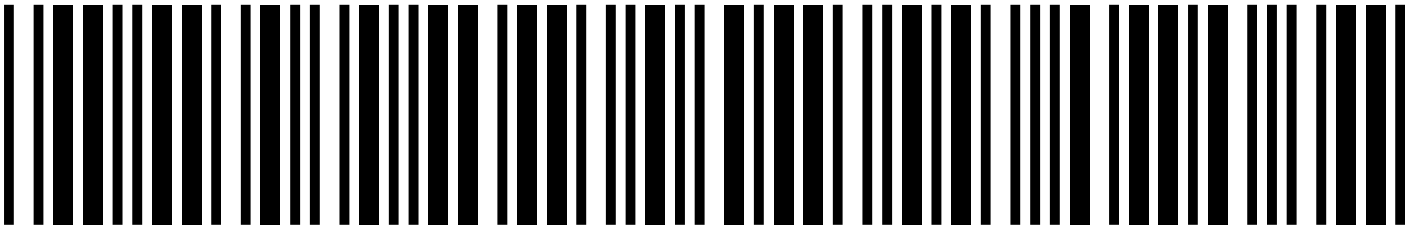
## BODY PART CODES LIST

| Code Number | Description |
|---|---|
| 100 | Head - not specified |
| 110 | Brain |
| 120 | Ear - not specified |
| 121 | Ear - external |
| 124 | Ear - internal including hearing |
| 130 | Eye - including optic nerves and vision |
| 140 | Face - not specified |
| 141 | Jaw - including chin and mandible |
| 144 | Mouth - including lips, tongue, throat and taste |
| 145 | Teeth |
| 146 | Nose - including nasal passages, sinus and smell |
| 148 | Face - multiple parts any combination of above parts |
| 149 | Face - forehead, cheeks, eyelids |
| 150 | Scalp |
| 160 | Skull |
| 198 | Head - multiple injury any combination of above parts |
| 200 | Neck |
| 300 | Upper extremities - not specified |
| 310 | Arm - above wrist not specified |
| 311 | Arm - upper arm humerus |
| 313 | Arm - elbow head of radius |
| 315 | Arm - forearm radius and ulna |
| 318 | Arm - multiple parts any combination of above parts |
| 319 | Arm - not specified |
| 320 | Wrist |
| 330 | Hand - not wrist or fingers |
| 340 | Fingers |
| 398 | Upper extremities - multiple parts any combination of above parts |
| 400 | Trunk - not specified |
| 410 | Abdomen - including internal organs and groin |
| 411 | Hernia |
| 420 | Back - including back muscles, spine and spinal cord |
| 430 | Chest - including ribs, breast bone and internal organs of the chest |
| 440 | Hips - including pelvis, pelvic organs, tailbone, coccyx and buttocks |
| 450 | Shoulders - scapula and clavicle |
| 498 | Trunk - use for side; multiple parts any combination of above parts |

| Code Number | Description |
|---|---|
| 500 | Lower extremities - not specified |
| 510 | Legs - above ankles, not specified |
| 511 | Thigh femur |
| 513 | Knee Patella |
| 515 | Lower leg tibia and fibula |
| 518 | Leg - multiple parts any combination of above parts |
| 519 | Leg - not specified |
| 520 | Ankle malleolus |
| 530 | Foot not ankle or toe |
| 540 | Toes |
| 598 | Lower extremities - multiple parts any combination of above parts |
| 700 | Multiple parts more than five major parts use only in fifth position of listing of body parts |
| 800 | Body system - not specific |
| 801 | Circulatory system - heart - other than heart attack, blood, arteries, veins, etc. |
| 802 | Circulatory system - Heart attack |
| 810 | Digestive system - stomach |
| 820 | Excretory system - kidneys, bladder, intestines, etc. |
| 830 | Musculo-skeletal system - bones, joints, tendons, muscles, etc. |
| 840 | Nervous system - not specified |
| 841 | Nervous system - Stress |
| 842 | Nervous system - Psychiatric/psych |
| 850 | Respiratory system - lungs, trachea, etc. |
| 860 | Skin dermatitis, etc. |
| 870 | Reproductive systems |
| 880 | Other body systems |
| 900 | COVID-19 |
| 999 | Unclassified - insufficient information to identify body parts |

SAMPLE

# DOCUMENT SEPARATOR SHEET



Product Delivery Unit: ADJ

Document Type: LEGAL DOCS

Document Title: PETITION TO REOPEN

Document Date: DATE YOU FILLED OUT THE FORM
MM/DD/YYYY

Author: YOUR NAME

**Office Use Only**

Received Date: _____
MM/DD/YYYY

Sample

Department of Industrial Relations
Division of Workers' Compensation

# WORKERS' COMPENSATION APPEALS BOARD

STATE OF CALIFORNIA

YOUR NAME

*Applicant,*

vs.

YOUR EMPLOYER AND INSURANCE COMPANY

*Defendants*

Case No. EAMS/WCAB

## 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

Sample

# VERIFICATION

**STATE OF CALIFORNIA**

County of _____ your county _____

I, the undersigned, say that I am _____ your name _____, a party to this action. I have read the foregoing **Petition to Reopen** and know the contents thereof, and that the same is true of my own knowledge, except as to the maters which are therein stated upon my information or belief, and as to those matters that I believe to be true.

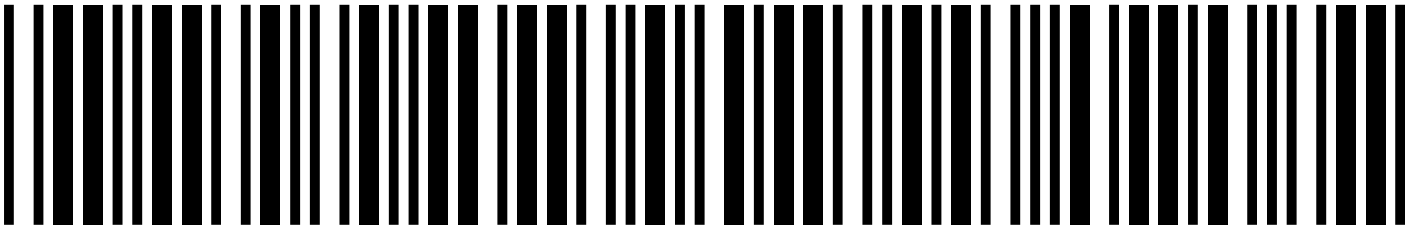
I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____ date mailed _____ at _____ your city _____, California.

_____ your signature _____
Petitioner

SAMPLE

# DOCUMENT SEPARATOR SHEET



Product Delivery Unit: ADJ

Document Type: LEGAL DOCS

Document Title: PROOF OF SERVICE

Document Date: DATE YOU FILLED OUT THE FORM
MM/DD/YYYY

Author: YOUR NAME

**Office Use Only**

Received Date: _____
MM/DD/YYYY

**SAMPLE**

# Proof of Service by Mail

I declare that:

I am (resident of / employed in) the county of YOUR COUNTY, California.

I am over the age of eighteen years, my (business / residence) address is:

PUT YOUR HOME ADDRESS HERE

On TODAY'S DATE, I served the attached NAME OF DOCUMENT on the parties listed below in said case, by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully paid, in the United State mail at CITY WHERE YOU MAILED THIS addressed as follows:

1) WORKERS' COMPENSATION APPEALS BOARD: ADDRESS
2) INSURANCE COMPANY: NAME, ADDRESS AND CLAIM NUMBER
3) DEFENSE ATTORNEY (IF KNOWN): NAME AND ADDRESS
4) ALL OTHER PARTIES INVOLVED IN YOUR CASE: NAME AND ADDRESS

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that this declaration was executed on

(date) TODAY'S DATE, at CITY, California.

Type or print name PRINT YOUR NAME

Signature SIGN YOUR NAME