



As a matter of further defense, the defendant states the following:

PLEASE ENTER MY APPEARANCE FOR DEFENDANT:

Attorney's name \_\_\_\_\_  
PA Attorney ID number \_\_\_\_\_  
Firm name \_\_\_\_\_  
Address \_\_\_\_\_  
Address \_\_\_\_\_  
City/Town \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Telephone \_\_\_\_\_

Date filed

	-		-			
MM		DD		YYYY		

\_\_\_\_\_  
Attorney's signature

\_\_\_\_\_  
Attorney's name (typed/printed)

\_\_\_\_\_  
Defendant's signature

\_\_\_\_\_  
Defendant's name (typed/printed)

**Notice: This answer must be filled out as fully as possible. If not filing electronically, the original must be sent to the Workers' Compensation Office of Adjudication, 1010 N. Seventh St, Suite 202, Harrisburg, PA, 17102-1400. You must send a copy to all unrepresented parties and to the attorney of record for all parties which are represented by counsel. A Proof of Service must be attached. A Proof of Service is a signed statement by you verifying that you have sent a copy of the answer to all parties and their attorneys, if known. Answers must be filed within 20 days of the assignment in of the petition. Every fact alleged in the petition not specifically denied by this answer shall be deemed to be admitted. Questions regarding the completion of this form may be directed to the Bureau of Workers' Compensation Claims Information Services.**

Any individual filing misleading or incomplete information knowingly and with the intent to defraud is in violation of Section 1102 of the Pennsylvania Workers' Compensation Act, 77 P.S. §1039.2, and may also be subject to criminal and civil penalties under 18 Pa. C.S.A. §4117 (relating to insurance fraud).

**Employer Information Services**  
717.772.3702

**Claims Information Services**  
toll-free inside PA: 800.482.2383  
local & outside PA: 717.772.4447

**Hearing Impaired**  
toll-free inside PA TTY: 800.362.4228  
local & outside PA TTY: 717.772.4991

**Email**  
ra-li-bwc-helpline@pa.gov



*Auxiliary aids and services are available upon request to individuals with disabilities.  
Equal Opportunity Employer/Program*