

Additional Employer			Additional Insurer			Attorney (if known)		
Name _____			Name _____			Name _____		
Address _____			Address _____			Firm name _____		
Address _____			Address _____			Address _____		
City/Town _____	State _____	ZIP _____	City/Town _____	State _____	ZIP _____	Address _____		
County _____			County _____			City/Town _____	State _____	ZIP _____
Telephone _____			Telephone _____	FEIN _____	Telephone _____			
FEIN _____			NAIC code _____	or Insurer code _____	PA Attorney ID number _____			

Counsel for Employee
 Attorney's name _____
 PA Attorney ID number _____
 Firm name _____
 Address _____
 Address _____
 City/Town _____ State _____ ZIP _____
 Telephone _____

Counsel for Employer/Insurer (if known)
 Attorney's name _____
 PA Attorney ID number _____
 Firm name _____
 Address _____
 Address _____
 City/Town _____ State _____ ZIP _____
 Telephone _____

 Petitioner or Representative's signature

Date filed

		-			-				
MM			DD			YYYY			

 Petitioner or Representative's name (typed/printed)

Notice: This petition 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 serve a copy on all other parties, and on the attorneys of all other parties, if the attorneys are known. A Proof of Service must be attached. A Proof of Service is a signed statement signed by you verifying that you have sent a copy of the petition to all parties and their attorneys, if known. Questions regarding the completion of this form may be directed to the Bureau of Workers' Compensation Claims Information Services.

Joinder is requested for the following reasons:

If not filing electronically,

- Attached are: Claim and/or other petitions The names/addresses of all parties and their counsel
 All answers filed A statement of all hearings held or scheduled and depositions taken with dates and locations
 All exhibits

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
 PA Relay 7-1-1

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



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