

PETITION TO DETERMINE DISFIGUREMENT

To The Industrial Accident Board of the State of Delaware Sitting in and for
_____ **County**

_____ Claimant)
)
vs.) OWC Case File No. _____
)
)
_____ Employer)

The undersigned petitioner respectfully represents:

Being desirous of having a hearing on the ground that _____ has
sustained a disfigurement to the following part/parts of the body _____
resulting from a compensable industrial accident which occurred on _____
and became permanent as of _____, the undersigned respectfully prays that
your Honorable Board shall, after due notice of the time and place of hearing served on all
parties in interest, hear and determine the matter in accordance with the facts and the law, and
state its conclusion of fact and rulings of law.

Dated this _____ day of _____, 20_____

Name of Petitioning Party

Employer Attorney

Address

*Add Employer Counsel if Known