

**STATE OF NEW MEXICO**  
**WORKERS' COMPENSATION ADMINISTRATION**

\_\_\_\_\_, WCA No.: \_\_\_\_\_  
Worker,  
v. \_\_\_\_\_, and  
\_\_\_\_\_,  
Employer/Insurer.

**NOTICE OF ACCEPTANCE OR REJECTION OF RECOMMENDED RESOLUTION**

**FAILURE TO FILE THIS NOTICE WITHIN THIRTY (30) DAYS FROM THE DATE YOU RECEIVED THE RECOMMENDED RESOLUTION WILL RESULT IN YOUR BEING BOUND BY THE RECOMMENDED RESOLUTION.**

1. (Name of the party filing this notice:) \_\_\_\_\_  
gives notice the Recommended Resolution of the Mediator is:

\_\_\_\_\_ **Accepted**          \_\_\_\_\_ **Rejected**

YOU MUST STATE YOUR SPECIFIC REASONS FOR REJECTION OF THE RECOMMENDED RESOLUTION.

2. The Recommended Resolution is rejected because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Name of Worker/Attorney/Representative  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City/State/Zip  
( ) ( ) \_\_\_\_\_  
Telephone & Fax Number

I certify a copy of this Notice of Acceptance or Rejection of Recommended Resolution was mailed to all parties this date \_\_\_\_\_.

\_\_\_\_\_  
(Signature of party mailing notice.)