

STATE OF NEW MEXICO
WORKERS' COMPENSATION ADMINISTRATION

_____, WCA No. _____
Worker,
v.
_____, and.
_____,
Employer/Insurer.

NOTICE OF DISQUALIFICATION

The ____ Worker ____ Employer, _____
(Name of filing party)
gives notice that Judge _____ is disqualified from
adjudicating this cause.

Name

Address

City/State/Zip

(____) _____ (____) _____
Telephone & Fax Number

I certify a copy of this Notice of
Disqualification was mailed to all
parties this date _____.

(Signature of party mailing notice.)