

THESE FORMS ARE ONLY RECOMMENDED

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

_____,
Worker,

WCA NO: _____

VS.

_____, and
Employer,

_____,
Insurer,

**JOINT WAIVER OF DISQUALIFICATION AND
WAIVER OF SERVICE OF PROCESS**

_____, appearing for the Worker, and _____,

appearing for the Employer/Insurer jointly waive the right to disqualify a judge in the above captioned cause as provided under New Mexico Workers' Compensation Administration Rule 4.4.12.2.3.

I, _____, appearing for the Worker/Employer/Insurer waive my right to the service of process of the _____ in the above captioned cause at:

Pursuant to Rules of Civil Procedure for the District Courts of New Mexico Rule 1-004.

Signature of the person
waiving service of process

Relationship to Entity/
Authority to Receive
Service of Process

Date of Signature

Counsel for Worker/Pro Se

Counsel for Employer

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

Worker,

WCA NO: _____

VS.

_____, and
Employer,

Insurer,

JOINT WAIVER OF TEN DAY WAITING PERIOD

_____, appearing for the Worker, and _____,

appearing for the Employer/Insurer jointly waive my right to the ten day waiting period for a

judge assignment in the above caption cause as provided under New Mexico Workers' Compensation Administration Rule 4.4.12.2.3.

Counsel for Worker/Pro Se

Counsel for Employer/Insurer

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

_____,
Worker,

WCA NO: _____

VS.

_____, and
Employer,

_____,
Insurer,

WAIVER OF TEN DAY WAITING PERIOD

_____, appearing for the Worker/Employer/Insurer waive my right to the ten day waiting period for a judge assignment in the above caption cause as provided under New Mexico Workers' Compensation Administration Rule 4.4.12.2.3.

Signature

Date of Signature

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

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Worker,

WCA NO: _____

VS.

_____, and
Employer,

_____,
Insurer,

JOINT WAIVER OF DISQUALIFICATION

_____, appearing for the Worker, and _____,

appearing for the Employer/Insurer jointly waive the right to disqualify a judge in the above captioned cause as provided under New Mexico Workers' Compensation Administration Rule 4.4.12.2.3.

Counsel for Worker/Pro Se

Counsel for Employer

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

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Worker,

WCA NO: _____

VS.

_____, and
Employer,

_____,
Insurer,

WAIVER OF DISQUALIFICATION

_____, appearing for the Worker/Employer/Insurer waive the right to disqualify a judge in the above captioned cause as provided under New Mexico Workers' Compensation Administration Rule 4.4.12.2.3.

Counsel for Worker/Pro Se

Counsel for Employer

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

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Worker, WCA NO: _____

VS.

_____, and
Employer,

_____,
Insurer,

WAIVER OF SERVICE OF PROCESS

I, _____, appearing for the Worker/Employer/Insurer waive my right to the service of process of the _____ in the above captioned cause at:

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Signature of the person
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Date of Signature

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

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Worker, WCA NO: _____

VS.

_____, and
Employer,

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Insurer,

JOINT WAIVER OF SERVICE OF PROCESS

I, _____, appearing for the Worker & _____

appearing for the Employer/Insurer waive our right to the service of process of the

_____ in the

above captioned cause at:

Pursuant to Rules of Civil Procedure for the District Courts of New Mexico Rule 1-004.

Signature of the Worker
waiving service of process

Signature of the Employer/Insurer
waiving service of process

Relationship to Entity/
Authority to Receive
Service of Process

Relationship to Entity/
Authority to Receive
Service of Process

Date of Signature

Date of Signature