

STATE OF NEW MEXICO
WORKERS' COMPENSATION ADMINISTRATION

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

REQUEST FOR SETTING

1. WCA Judge assigned: _____
2. Are any other hearings currently set? ___ Yes ___ No
If yes, please indicate the date of the hearing: _____
3. Specific matter to be heard: _____
4. Time required for hearing: _____
5. Names/addresses/phone & fax of all counsel/parties pro se entitled to notice:

NOTICE OF HEARING

This matter will be heard before Judge _____ on _____,
20____, at _____ a.m./p.m. with _____ hours/minutes allocated for hearing

at: (____) WCA Office or (____) _____
2410 Centre Ave SE _____
Albuquerque, NM 87106 _____
(505) 841-6000 _____

By: Calendar Clerk

Notice Mailed _____, 20____, by _____
Counsel are expected to appear:

(___) in person (___) by telephone conference call.

STAMPED ENVELOPES FOR ALL PARTIES MUST BE SUBMITTED WITH REQUEST