

STATE OF NEW MEXICO

WORKERS' COMPENSATION ADMINISTRATION

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

SUMMONS FOR WORKERS' COMPENSATION COMPLAINT

TO: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

GREETINGS:

You are directed to serve a written response to the Workers' Compensation Complaint not less than five (5) days prior to the mediation conference, and file the same, as provided by law.

You are notified that, unless you serve and file a responsive pleading or motion, the filing party may apply to the Workers' Compensation Administration for the relief demanded in the Workers' Compensation Complaint.

Worker or filing party's representative: \_\_\_\_\_
Address of Worker or filing party's representative: \_\_\_\_\_

WITNESSED AND SEALED BY THE CLERK OF THE WCA

(SEAL)

By: \_\_\_\_\_
Date: \_\_\_\_\_

(EACH ADVERSE PARTY MUST BE NAMED IN THE SUMMONS)