

STATE OF NEW MEXICO
WORKERS' COMPENSATION ADMINISTRATION

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

SUMMONS FOR APPLICATION TO WORKERS' COMPENSATION JUDGE

TO: _____

GREETINGS:

You are directed to file a written response with the Clerk of the Workers' Compensation Administration **within 10 days of receipt of this Application**, and to mail a copy of the response to the filing party within the same time period.

You are notified that, unless you serve and file a responsive pleading or motion, the Workers' Compensation Administration may enter a judgment against you for the relief demanded in the Application.

Worker or filing party's representative: _____
Address of Worker or filing party's representative: _____

WITNESSED AND SEALED BY CLERK OF THE WCA

(SEAL)

By: _____

Date: _____

(EACH RESPONDING PARTY MUST BE NAMED IN THE SUMMONS)