STATE OF NEW MEXICO
WORKERS' COMPENSATION ADMINISTRATION

_____, WCA No.:_____
Worker,
vs.

_____, and

_____,
Employer.

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

Representative for Filing Party:
Address of Filing Party:

WITNESSED AND SEALED BY THE CLERK OF THE WCA

By:

Date:

(EACH ADVERSE PARTY MUST BE NAMED IN THE SUMMONS)