

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

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

NOTICE OF DISQUALIFICATION

The ____ Worker ____ Employer, _____
(Name of filing party)

gives notice that Judge _____ is disqualified
from adjudicating this cause.

Name

Address

City/State/Zip

Telephone

E-mail address for service