

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

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

JOINT WAIVER OF DISQUALIFICATION

_____, appearing for the Worker, and _____,
appearing for the Employer/Insurer jointly waive the right to disqualify a judge in the above captioned cause.

Counsel for Worker/Pro Se

Address

City/State/Zip

Telephone

E-mail address for service

Counsel for Employer

Address

City/State/Zip

Telephone

E-mail address for service