

**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 15 days of receipt of this Application.**

If you do not file and serve a responsive pleading, 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 THE CLERK OF THE WCA**