

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

_____ WCA No.: _____
Worker,
v. _____, and

Employer/Insurer.

PRO SE CONSENT FOR ELECTRONIC FILING

I hereby ***consent*** to use the Workers' Compensation Administration Electronic Case Filing System (ECF). I have reviewed, understand, and agree to follow WCA regulations governing electronic filing and service of process of pleadings filed with the WCA Clerk of Court and to the terms and conditions of use of ECF. I will utilize my account to file and view documents.

This consent shall remain in effect until I file a Pro Se Revocation of Consent for Electronic Filing form and deliver or mail it to the Workers' Compensation Administration Clerk of the Court for filing.

Signature Date

Print name

Address

City/State/Zip

Telephone

E-mail address for service