

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

\_\_\_\_\_, WCA No.: \_\_\_\_\_  
Worker,  
v.  
\_\_\_\_\_, and  
Uninsured Employer  
STATE OF NEW MEXICO UNINSURED EMPLOYERS' FUND,  
Statutory Third Party.

**SUMMONS FOR WORKERS' COMPENSATION COMPLAINT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ STATE OF NEW MEXICO UNINSURED EMPLOYERS' FUND  
2410 Centre Avenue SE  
Albuquerque, NM 87106  
[WCA-UEF@state.nm.us](mailto:WCA-UEF@state.nm.us)

**GREETINGS:**

You are directed to serve a written response to the Workers' Compensation Complaint **not less than five (5) days prior to your mediation conference**, and file the same, as provided by law.

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

Worker or filing party's representative:

\_\_\_\_\_

Address of Worker or filing party's representative:

\_\_\_\_\_

\_\_\_\_\_

**WITNESSED AND SEALED BY THE CLERK OF THE WCA**