

**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

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