

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

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

REQUEST FOR SETTING

1. WCA Judge assigned: _____
2. Are any other hearings currently set? Yes No
If yes, please indicate the date of the hearing: _____
3. Specific matter to be heard: _____
4. Time required for hearing: _____
5. Is an interpreter required? Yes No
(Employer/Insurer is responsible for making arrangements for the interpreter.)
6. Is telephonic appearance being requested? Yes No
(Employer/Insurer is responsible for arranging the conference call.)

Signature

Print name

Address

City/State/Zip

Telephone

E-mail address for service