

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

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

SUMMONS FOR APPLICATION TO DIRECTOR

To: _____

GREETINGS:

You are directed to appear before the Workers' Compensation Administration and respond to this Application. If you choose to file a written response to this Application, you must file your response with the Workers' Compensation Administration Clerk of Court **within 10 days of receipt of this Application.**

If you fail to appear and respond, 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