**STATE OF NEW MEXICO**

**WORKERS’ COMPENSATION ADMINISTRATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, WCA No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Worker,

v.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 Employer/Insurer.

 **JOINT WAIVER OF DISQUALIFICATION**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, appearing for the Worker, and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

appearing for the Employer/Insurer jointly waive the right to disqualify a judge in the above captioned cause.

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Counsel for Worker/Pro Se Counsel for Employer

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City/State/Zip City/State/Zip

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E-mail address for service E-mail address for service