

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

\_\_\_\_\_, WCA No.: \_\_\_\_\_  
Worker,  
v. \_\_\_\_\_, and  
\_\_\_\_\_,  
Employer/Insurer.

**PRO SE REVOCATION OF CONSENT FOR ELECTRONIC FILING**

I hereby **revoke** my consent for use of the Workers' Compensation Administration Electronic Case Filing System. I have reviewed, understand, and agree to follow WCA regulations governing filing and service of process of pleadings filed with the WCA Clerk of Court. Any future documents for filing will be mailed or delivered to the Workers' Compensation Administration Clerk of the Court and served on the opposing party in accordance with WCA regulations.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-mail address for service