

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

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

STIPULATED RECOMMENDED RESOLUTION

A mediation conference was scheduled to be held on _____ to address the Workers' Compensation Complaint filed by _____ on _____.

___ Worker is represented by _____ or

___ Worker is not represented by an attorney.

_____ represents Employer/Insurer.

Having considered information presented, the Director or designated designee finds:

1. The parties' positions are set forth in their pleadings.
2. The parties agree that the New Mexico Workers' Compensation Administration has personal and subject matter jurisdiction over this claim.
3. The parties negotiated in good faith to resolve the issues raised in the Complaint and were able reach a stipulated agreement.
4. Therefore, based upon the agreement of the parties, the following terms are being recommended to resolve the issues raised in the Complaint:

PARTIES' STIPULATED TERMS:

(INCLUDE ADDITIONAL PAGES AS NEEDED)

Acceptance or failure to reject the Recommended Resolution by all parties will result in the terms of the Recommended Resolution being binding upon the parties. The terms of the Recommended Resolution will not be binding upon any party unless/until all parties either accept or fail to reject the Recommended Resolution in the statutory 30-day period following receipt of the Recommended Resolution, pursuant to the provisions of NMSA 1978 §52-5-5(C).

The parties are notified that rejection of this Recommended Resolution without reasonable basis or without reasonable expectation of doing better at a Formal Hearing may subject them to money penalties in the form of increased or decreased attorneys' fees.

ANY PARTY WHO FAILS TO FILE the enclosed Notice of Acceptance or Rejection of this Recommended Resolution with the Workers' Compensation Administration within thirty (30) days of receipt WILL BE BOUND BY THE RECOMMENDED RESOLUTION.

HEATHER JORDAN, Director

Assigned Director-designee/mediator

¹ This is an interim WCA form that may be modified and replaced in the future.