

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

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

**NOTICE OF CHANGE OF ADDRESS**

COMES NOW the \_\_\_\_\_, \_\_\_\_\_  
(Name of filing party) (Relationship to case)

and hereby notifies the Workers' Compensation Administration that my new address/ email address and telephone number are provided as follows:

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone

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