

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

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

**NOTICE OF TELEPHONIC CONFERENCE CALL-IN INFORMATION**

Employer/Insurer, by and through their  Attorney  Adjuster, \_\_\_\_\_,  
hereby notifies that all parties seeking to attend the telephonic hearing/conference scheduled  
in this matter for \_\_\_\_\_ at \_\_\_\_\_, may do so by calling  
\_\_\_\_\_ and entering the conference code \_\_\_\_\_.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone

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

I hereby certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_,  
the foregoing pleading was delivered to the WCA Clerk of Court  
for electronic filing and service of process in accordance with 11.4.4.9 NMAC.