

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

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

SUMMONS FOR APPLICATION TO WORKERS' COMPENSATION JUDGE

TO: _____

GREETINGS:

You are directed to file a written response with the Clerk of the Workers' Compensation Administration **within 15 days of receipt of this Application.**

If you do not file and serve a responsive pleading, the Workers' Compensation Administration may enter a judgment against you for the relief demanded in the Application.

Worker or filing party's representative:

Address of Worker or filing party's representative:

WITNESSED AND SEALED BY THE CLERK OF THE WCA