

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

MOTION

OBJECTION TO MOTION

When you receive this completed form, you may file a response with the Board within fifteen (15) days of the date of the certificate of service (O.C.G.A. §9-11-6(e)).

All responses must be filed on Form WC-102g.

A. IDENTIFYING INFORMATION

Employee Name _____

Soc. Security No. _____

Address _____

Date of Injury _____

County of Injury _____

MCO Yes No

Employer _____

B. STATUS

1. A hearing is not requested at this time.

Insurer _____

2. A hearing has been requested and the claim has been assigned to

Judge:

(Send this form directly to the Judge's Office.)

Servicing _____

Agent (if _____

applicable) _____

3. A hearing is being requested at this time.

(Form WC- 14 is attached.)

Employee _____

Attorney _____

4. A mediation conference is requested

at this time.

Employer _____

Attorney _____

C. ACTION REQUESTED

_____ 1. This MOTION is being requested by _____ employee _____ employer.

The purpose of this motion is to request: _____

(Arguments and documentation in support of this motion are attached.)

_____ 2. This OBJECTION is being submitted by _____ employee _____ employer.

The purpose of this objection is: _____

(Arguments and documentation in support of this objection are attached.)

D. CERTIFICATION

I hereby certify that the parties have made a good faith effort to reach agreement on this issue, but have failed to do so to date. I further certify that I have this day sent a copy of this form with supporting documentation to the State Board of Workers' Compensation and to all parties and counsel in this claim.

Print Name Here

Signature

Phone

Date

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000.00 per violation (O.C.G. A. §34-9-18 and O.C.G. A. §34-9-19).