

MOTION

Instructions: If you are making a request of the Board or of an administrative law judge, and the Board does not require the use of another specific form for that request, use this form. Send a copy to all counsel and unrepresented parties, and sign the certificate of service. If this case is before an administrative law judge, send this form to the Board in an envelope addressed specifically to that judge. Do not send a cover letter to the Board.

IF YOU RECEIVE THIS COMPLETED FORM, YOU MAY FILE A RESPONSE WITH THE BOARD WITHIN 15 DAYS OF THE DATE ON THE CERTIFICATE OF SERVICE. IF NO RESPONSE IS RECEIVED WITHIN THE 15 DAY PERIOD, THE BOARD WILL ASSUME THAT THE MOTION IS UNOPPOSED. ALL RESPONSES MUST BE FILED ON FORM WC-102gb.

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Employee's Name (First, Middle, Last)	Social
Security Number	

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Employee's Address	City	State	ZIP	Date of
Injury				

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Employer's Complete Name

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Employer's Address	City	State	ZIP
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Insurer's Name

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Insurer's Address	City	State	ZIP
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The purpose of this motion is to request:

The argument in support of this motion is as follows: [attach extra pages if needed]

I certify that I have today sent a copy of this to all counsel and unrepresented parties. The names of counsel to whom this has been sent are:

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Signature

Date

Type here your name, address and telephone number: