

IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

WCC No. _____

Petitioner

vs.

Respondent/Insurer.

AFFIDAVIT

STATE OF _____)
: ss.
County of _____)

¶1 I _____ (**NAME**), being first duly sworn upon oath, depose and say:

¶2 I, _____ (**NAME**), am the _____ (**POSITION**) of _____ (**NAME OF INSURER OR SELF-INSURER**).

¶3 In my capacity as _____ (**POSITION**) of _____ (**NAME OF INSURER OR SELF-INSURER**), I am authorized to make the statements set forth in this affidavit on behalf of _____ (**NAME OF INSURER OR SELF-INSURER**) and to bind _____ (**NAME OF INSURER OR SELF-INSURER**) by these statements.

¶4 After a review of our records, I swear under oath that _____ (**NAME OF INSURER OR SELF-INSURER**) should be dismissed from the above-entitled action for any or all of the following reasons (check any or all that apply):

- _____ (**NAME OF INSURER OR SELF-INSURER**) has never written workers' compensation insurance in the state of Montana;
- _____ (**NAME OF INSURER OR SELF-INSURER**) does not have any Montana claims;
- _____ (**NAME OF INSURER OR SELF-INSURER**) has no claimants meeting the Court's criteria in this matter as set forth in the summons;
- _____ (**NAME OF INSURER OR SELF-INSURER**) was or is in liquidation during the period in question set forth in the amended summons served upon me.

¶15 I understand that the Montana Workers' Compensation Court may allow a period of up to 90 days from the date of filing this affidavit within which counsel for Petitioner[s] may conduct discovery and investigation for the limited purpose of proving or disproving the foregoing statement(s) made by me on behalf of _____ (**NAME OF INSURER OR SELF-INSURER**). After such 90 days, if no objection is lodged by counsel for Petitioner[s], the Court will dismiss the insurer/self-insurer from this action based on the sworn statements made by me in this affidavit.

¶16 I declare under penalty of perjury that the foregoing is correct.

DATED this _____ day of _____, 200__.

(Name)

(Title)

Signed and sworn to before me this _____ day of _____, 200__.

(SEAL)

Notary Public for the State of _____
Residing at: _____
My Commission Expires: _____