

Bockman, Jacqueline

From: Bockman, Jacqueline
Sent: Thursday, August 24, 2006 3:01 PM
To: Bryce R. Floch (brycefloch@attorneysmontana.com)
Cc: Laurie Wallace (legalpad@digisys.net)
Subject: Schmill v. Liberty Northwest Ins. Corp

WCC No. 2001-0300

Bryce,

The Court received your motion to dismiss with the supporting affidavit of Carolyn Van Duson. The Judge has instructed me not to schedule a party for dismissal if they have not used the blank affidavit form which was provided to the parties. This decision was made for clerical reasons.

Please use the attached affidavit form, checking the correct box for reason of dismissal. Upon receipt, I will docket the 90 days for dismissal of Lumbermen's Underwriting Alliance.

Let me know if you have any questions.

Jackie Bockman
Deputy Clerk of Court
Workers' Compensation Court
jbockman@mt.gov

8/24/2006

DOCKET ITEM NO. 272

IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

WCC No. _____

Petitioner

vs.

Respondent/Insurer.

AFFIDAVIT

STATE OF _____)
County of _____) : ss.

¶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.

¶5 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.

¶6 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__.

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

(SEAL)