## IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

| INDE        | Petitioner vs. EPENDENT CONTRACTOR CENTRAL Respondent.        | ) ) ) ) ) WCC No ) PETITION DISPUTING INDEPENDENT CONTRACTOR DETERMINATION ) ) |
|-------------|---|--|
| 1.<br>dated | d   | the Independent Contractor Central Unit<br>, 20 A copy of the Determination is |
| 2.          | The mediation process before the Depoleted. § 39-71-415, MCA. | artment of Labor and Industry has been   |
| 3.          | Explain in detail the nature of the disput                    | e. (Use additional pages if necessary.)  |
| 4.          | The following is a list of individuals who Name and Address   | I may call as witnesses in this matter:  General Subject Matter of Testimony   |
|             |   |  |

| 5.<br>intro                 | The followin duce as evider |  | n documents relating to this case which I may    |
|-----------------------------|-----------------------------|--|--|
|                             |                             |  |  |
|                             |                             |  |  |
|                             |                             |  |  |
|                             |                             |  |  |
| 6.<br>Inde <sub>l</sub>     |                             | nt the Workers' Com<br>actor Central Unit. | pensation Court reverse the Determination of the |
|                             | DATED this                  | day of _                                   | , 20   |
|                             |                             |  | Signature of Petitioner                          |
| Please print or type: Name: |                             | e: Name:                                   |  |
|                             |                             | Mailing Address:                           |  |
|                             |                             | City, State, Zip:                          |  |
|                             |                             | Telephone #:                               |  |
|                             |                             | E-Mail Address:                            |  |

Attach a copy of the Independent Contractor Central Unit Determination.