

(Name, Address, Phone Number)

IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

_____)	
Petitioner)	WCC No. _____
)	
)	PETITION FOR HEARING
_____)	(INJURY)
Respondent/Insurer.	

As set forth in ARM 24.5.301 Petitioner alleges:

1. That on _____, _____, Petitioner suffered an industrial injury arising out of _____ and _____ in the course of Petitioner's employment with _____ in _____ County, Montana. Petitioner's _____ was injured when _____.

_____.

2. At the time of the injury, Petitioner's employer was enrolled under Compensation Plan No. _____ of the Workers' Compensation Act and its insurer is _____.

3. A dispute exists between the parties. Explain in detail the nature of the dispute. (Use additional pages if necessary.)

4. Petitioner has exchanged all available pertinent medical records relating to the injury with Respondent and will continue to do so.

5. Check the appropriate paragraph below:

___ a. The parties have made an effort to resolve this dispute but have been unable to do so, and therefore a dispute exists which requires resolution by this Court. (For injuries occurring before July 1, 1987.)

___ b. The mediation procedure set forth in the Workers' Compensation Act has been complied with. (For injuries occurring on or after July 1, 1987.)

*6. The following is a list of individuals who are potential witnesses for Petitioner in this matter:

<u>Name and Address</u>	<u>General Subject Matter of Testimony</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

* 7. The following is a list of written documents relating to this case which may be introduced as evidence by Petitioner:

WHEREFORE, Petitioner respectfully prays that this petition be set for hearing and that the following relief be granted. (Explain what you want the Court to decide.)

- 1) _____
- 2) _____
- 3) _____

DATED this _____ day of _____, 20__.

Petitioner

* If additional space is needed, please attach supplemental sheets to this PETITION FOR HEARING.