

# GEORGIA STATE BOARD OF WORKERS' COMPENSATION

## MOTION / OBJECTION TO MOTION

Motion  Objection to Motion

When you receive this completed Form, you may file a response with the Board within fifteen (15) days of the date of the certificate of service (O.C.G.A. § 9-11-6(e)). All responses must be filed on Form WC-102D.

|                 |                    |                     |      |                |
|-----------------|--------------------|---------------------|------|----------------|
| Board Claim No. | Employee Last Name | Employee First Name | M.I. | Date of Injury |
|-----------------|--------------------|---------------------|------|----------------|

### A. IDENTIFYING INFORMATION

|                                  |                  |               |                                 |                 |              |
|----------------------------------|------------------|---------------|---------------------------------|-----------------|--------------|
| <b>EMPLOYEE</b>                  | County of Injury |               | Mailing Address                 |                 |              |
| E-mail Address                   |                  | Phone Number  | City                            | State           | Zip Code     |
| <b>EMPLOYER</b>                  | Name             |               | <b>INSURER / SELF-INSURER</b>   | Name            |              |
| Address                          |                  |               | <b>CLAIMS OFFICE</b>            | Name            |              |
| City                             |                  |               | SBWC ID #                       | Mailing Address |              |
| Employer E-mail                  |                  | Phone Number  | City                            | State           | Zip Code     |
| Attorney for Employee / Claimant |                  | Name          | Attorney for Employer / Insurer |                 | Name         |
| Mailing Address                  |                  |               | Mailing Address                 |                 |              |
| City                             |                  | State         | Zip Code                        | City            |              |
| GA Bar Number                    |                  | GA Bar Number |                                 |                 |              |
| Attorney E-mail                  |                  | Phone Number  | Attorney E-mail                 |                 | Phone Number |

### B. ACTION REQUESTED

1. This MOTION is being requested by  Employee  Employer/Insurer  Other Party  
 The purpose of this motion is to request:  
 (Arguments and documentation in support of this motion are attached.)

2. This OBJECTION is being submitted by  Employee  Employer/Insurer  Other Party  
 The purpose of this objection is to request:  
 (Arguments and documentation in support of this objection are attached.)

### C. ENTRY OF APPEARANCE

I hereby certify to the existence of a valid fee contract in compliance with Board Rule 108 or a Form WC-102B in compliance with Board Rule 102 (fee contract or WC-102B has been previously filed or is attached).

### D. CERTIFICATE OF SERVICE

I hereby certify that the parties have made a good faith effort to reach agreement on this issue, but have failed to do so to date. I further certify that I have this day sent a copy of this form with supporting documentation to the State Board of Workers' Compensation, 270 Peachtree St., NW, Atlanta, GA 30303-1299 and to all parties and counsel in this claim.

|                 |                |           |  |
|-----------------|----------------|-----------|--|
| Print Name Here |                | Signature |  |
| Phone Number    | E-mail Address | Date      |  |

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbcw.georgia.gov>

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).