

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
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A. IDENTIFYING INFORMATION

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