

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.	SSN or Board Tracking #	Date of Injury
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A. IDENTIFYING INFORMATION

EMPLOYEE	County of Injury	Address			
E-mail Address		City	State	Zip Code	
EMPLOYER	Name	INSURER / SELF-INSURER	Name		
Address		CLAIMS OFFICE	Name		
City		Address		City	
State	Zip Code	City	State	Zip Code	
Employer E-mail		Claims E-mail			
ATTORNEY FOR EMPLOYEE / CLAIMANT	Name	ATTORNEY FOR EMPLOYER / INSURER	Name		
Address		Address			
City		City		State	Zip Code
State	Zip Code	State		Zip Code	
GA Bar Number		GA Bar Number			
Attorney E-mail		Attorney E-mail			

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).