

**GEORGIA STATE BOARD OF WORKERS' COMPENSATION**

**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.

**A. IDENTIFYING INFORMATION**

Employee Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Soc. Security No. \_\_\_\_\_  
Date of Injury \_\_\_\_\_  
County of Injury \_\_\_\_\_

Employer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Insurer \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Servicing Agent \_\_\_\_\_  
(if applicable) \_\_\_\_\_  
Address \_\_\_\_\_

Employee \_\_\_\_\_  
Attorney \_\_\_\_\_

Employer \_\_\_\_\_  
Attorney \_\_\_\_\_

**B. STATUS**

- \_\_\_\_\_ 1. A hearing is not requested at this time.
- \_\_\_\_\_ 2. A hearing has been requested and the claim has been assigned to Judge: \_\_\_\_\_  
(Send this form directly to the Judge's Office.)
- \_\_\_\_\_ 3. A hearing is being requested at this time.  
(Form WC-14 is attached.)
- \_\_\_\_\_ 4. A mediation conference is requested at this time.

**C. ACTION REQUESTED**

\_\_\_\_\_ 1. This MOTION is being requested by \_\_\_\_\_ employee \_\_\_\_\_ employer.  
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.  
The purpose of this objection is: \_\_\_\_\_  
(Arguments and documentation in support of this objection are attached.)

**D. ENTRY OF APPEARANCE**

I hereby certify to the existence of a valid fee contract in compliance with Board Rule 108 and/or a notice of representation pursuant to Board Rule 102.

**E. 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 and to all parties and counsel in this claim.

\_\_\_\_\_  
Print Name Here

\_\_\_\_\_  
Signature

( ) \_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

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 O.C.G.A. §34-9-19).