

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	City		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 Form WC 102B filed in compliance of Board Rule 102. (A fee contract or Form WC 102B has been filed previously 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

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).