(Name, Address, Phone Number)

_____
_____
_____
_____

IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

_____,	)	
Petitioner,	)	**WCC No. _____**
vs.	)	
	)	
_____,	)	**P E T I T I O N**
Respondent/Insurer for	)	**F O R**
	)	**H E A R I N G**
_____,	)	**(INJURY)**
Employer.		

As set forth in ARM 24.5.301 petitioner alleges:

1. That on _____, ____, petitioner suffered an industrial injury arising out of and in the course of her/his employment with _____ _____ in _____ County, Montana. Petitioner injured her/his _____ _____ when _____ _____ _____.

2. At the time of the injury, petitioner's employer was enrolled under Compensation Plan _____of the Workers' Compensation Act and its insurer is _____.

3. A dispute exists between the parties. Explain in detail the nature of the dispute. (Use additional pages if necessary.)

_____
_____
_____
_____

4. Petitioner has exchanged all available pertinent medical records relating to the injury with the defendant and will continue to do so.

5. Check the appropriate paragraph below:

___ a. The parties have made an effort to resolve this dispute but have been unable to do so, and therefore a dispute exists which requires resolution by this Court. (For injuries occurring before July 1, 1987.)

___ b. The mediation procedure set forth in the Workers' Compensation Act has been complied with. (For injuries occurring after July 1, 1987.)

*****6. The following is a list of individuals who are potential witnesses for petitioner in this matter:

Name and Address	General Subject Matter of Testimony

***** 7. The following is a list of written documents relating to this case which may be introduced as evidence by petitioner:

_____
_____
_____
_____

WHEREFORE, petitioner respectfully prays that this petition be set for hearing and that the following relief be granted. (Explain what you want the Court to decide.)

1) _____

2) _____

3) _____

DATED this _____ day of _____, 20____.

_____
Petitioner

***** If additional space is needed, please attach sheet to this PETITION FOR HEARING.