

IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

)	
)	
)	
<hr/>)	
Petitioner)	WCC No. _____
)	
vs.)	
)	
<hr/>)	
Respondent.)	PETITION DISPUTING
)	INDEPENDENT CONTRACTOR
)	DETERMINATION
)	(NON-WORKERS'
)	COMPENSATION)

1. I am appealing the Determination of the Independent Contractor Central Unit dated _____, 20___. A copy of the Determination is attached.

2. The mediation process before the Department of Labor and Industry has been completed. § 39-71-415, MCA.

3. I am appealing the Determination and request the Workers' Compensation Court to reverse the Determination of the Independent Contractor Central Unit.

DATED this _____ day of _____, 20__.

Signature of Petitioner

Please print or type: Name: _____

Street Address: _____

City, State, Zip: _____

Telephone #: _____

Attach copy of the Independent Contractor Central Unit Determination