IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

_____	)	
Petitioner	)	
	)	**WCC No.** _____
vs.	)	
	)	**PETITION DISPUTING**
_____	)	**INDEPENDENT CONTRACTOR**
Respondent.	)	**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