

IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

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)	
)	
Petitioner)	
)	WCC No. _____
vs.)	
)	PETITION DISPUTING DENIAL
)	OF INDEPENDENT
)	CONTRACTOR STATUS
Respondent.)	(NON-WORKERS'
)	COMPENSATION)

1. I am appealing the Determination of the Independent Contractor Central Unit dated _____, 20____, which denied my application for certification as an independent contractor. 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 denial 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