



**Mailing Address:**  
 PO Box 64218  
 St. Paul, MN 55164-0218

**STATE OF MINNESOTA  
 OFFICE OF ADMINISTRATIVE HEARINGS  
 WORKERS' COMPENSATION DIVISION  
 (651) 361-7900**



DO NOT USE THIS SPACE

WID or SSN	
DATE(S) OF CLAIMED INJURY	
EMPLOYEE	VS.
EMPLOYER(S)	AND
INSURER (S)	AND

**Motion/Application to Intervene**

PRINT IN INK or TYPE.  
 Enter dates in MM/DD/YYYY format.

**Re:** \_\_\_\_\_ **dated** \_\_\_\_\_  
*(Identify dispute you are intervening in, such as a Claim Petition, Medical Request, or Rehabilitation Request)*

**TO THE WORKERS' COMPENSATION DIVISION AND THE ABOVE-NAMED PARTIES:**

Applicant, \_\_\_\_\_, for its Motion to Intervene in the above-entitled matter, states and alleges as follows:

1. That applicant has provided services or paid benefits to the employee as follows: \_\_\_\_\_
  
2. That attached to this Motion as Exhibit A is an itemization of all charges for services provided or benefits paid by the applicant regarding the workers' compensation injury or injuries. The total claim is \$ \_\_\_\_\_ for services provided or payment made from \_\_\_\_\_ (date) to \_\_\_\_\_ (date).
  
3. That a determination in this case may affect the ability of the applicant to obtain payment from any source for services provided or benefits paid as itemized in Exhibit A.
  
4. In support of this Motion, attached as Exhibit B are (if applicable):  medical records/reports; or  rehabilitation records/reports.
  
5. That applicant has a statutory right to intervene under Minn. Stat. § 176.361.
  
6. That in the event settlement is discussed by the parties, applicant requests that \_\_\_\_\_ (name and title) be contacted at \_\_\_\_\_ (phone) regarding authority to settle on behalf of applicant.

Therefore, applicant requests that it be allowed to intervene as a party in the above-captioned proceeding, and that payment for its services provided or benefits paid be made plus appropriate statutory interest.

DATE SIGNED	SIGNATURE OF PERSON FILING MOTION			
	PRINTED NAME AND TITLE			
	ADDRESS			
	CITY	STATE	ZIP CODE	TELEPHONE

