



Date: _____

Mailing Address:

Department of Labor and Industry
PO Box 64218
St. Paul, MN 55164-0218

Location:

Office of Administrative Hearings
600 North Robert Street
St. Paul, MN 55101

Re: Employee Name _____

Employee SSN or WID _____

Date(s) of Claimed Injury: _____

Dear Sir or Madam:

Enclosed for filing is a Motion/Application to Intervene of _____ (*applicant*) and Affidavit of Service in the above-entitled matter. I am requesting that I be allowed to appear by telephone for all administrative conferences, settlement conferences and pretrial conferences. I understand that personal appearances are required for hearings unless permission to not appear is granted by the assigned judge or a Stipulation of Intervention has been filed.

SIGNATURE

TYPED NAME

TELEPHONE NUMBER