

Mailing Address:
 PO Box 64221
 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

Stipulation of Intervention

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)

According to the provisions of Minnesota Rules, part 1415.1200, it is stipulated and agreed that _____
 _____ *(entity filing Motion to Intervene)*
 has sufficient interest to be joined as an intervenor in the above entitled matter. The parties do not dispute that the attached Exhibit A accurately lists the amounts and the dates of services provided by or paid by the intervenor in this case. This exhibit may be amended if additional services are provided or payments made.

It is stipulated and agreed by the parties signing this stipulation that the services for which payment is being claimed are related to the alleged injury or condition in dispute and that, if the employee is successful in proving his or her claim, it is agreed that the sum provided in Exhibit A be paid to the intervenor.

The intervenor recognizes its obligation to participate in reasonable settlement discussions if such negotiations are initiated by the parties.

DATE	ATTORNEY FOR EMPLOYEE
DATE	ATTORNEY FOR EMPLOYER/INSURER
DATE	ATTORNEY FOR INTERVENOR

