

BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

No(s): _____

vs.	_____	,	
	Claimant(s),		
	_____	,	
	Employer,		
	_____	,	
	Insurance Carrier,		
	_____	,	
	Respondent(s).		

**Answer Concerning
 Vocational Training & Education**

- The party/parties filing this answer (respondent(s)) is/are: Claimant Employer/Insurance Carrier
- Address of respondent(s): _____
- Respondent(s) admit the allegations in the following paragraph(s) of the petition:

- Respondent(s) deny the allegations in the following paragraph(s) of the petition:

- Further, respondent(s) assert(s) the following:

Signature of Attorney for Respondent(s) - or - Representative of Respondent(s)

Full Name: _____
 Law Firm/Entity: _____
 Telephone: _____
 Email: _____
 Mailing Address: _____

PROOF OF SERVICE

I, _____, hereby certify that a copy of this document was served upon counsel of record for each party or each unrepresented party on the date of _____, by:

- Iowa Workers' Compensation Electronic System (WCES)
- Other: _____

Signature

Date



Iowa Department of **INSPECTIONS APPEALS & LICENSING**
Division of **WORKERS' COMPENSATION**
Answer Concerning Vocational Education & Training
Form 100D (14-0012A) — Last Updated July 1, 2023
www.IowaWorkComp.gov

