

BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

<p style="text-align: center;">_____ vs. Claimant(s),</p> <p style="text-align: center;">_____ Employer,</p> <p style="text-align: center;">_____ Insurance Carrier,</p> <p style="text-align: center;">_____ Defendant(s).</p>	<p>No(s): _____</p> <p>_____</p> <p style="text-align: center;">Shorthand Reporter Identification</p>
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The undersigned hereby states that in the hearing held in the above-captioned matter on the date of _____, under Iowa Code section 10A.320, the presiding deputy appointed the certified shorthand reporter identified below as the official shorthand reporter and custodian of the notes for the time period provided in Iowa Code section 17A.12(7).

Name: _____ Firm (if any): _____

Email: _____ Phone: _____

Address: _____

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

Full Name: _____

Law Firm/Entity: _____

Telephone: _____

Email: _____

Mailing Address: _____

CERTIFICATE OF SERVICE

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

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

Signature Date

