

BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

File No(s):: _____

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

**Request for Waiver
of the
Mandatory Use of WCES**

- 1. My full name is: _____
- 2. In the above-captioned matter, I am:
 Claimant Employer Insurance Carrier
 Attorney for: _____
 Other: _____
- 3. I request a waiver of the requirement under agency rule 876 IAC 2.5 to use the Workers' Compensation Electronic System (WCES) to electronically file (eFile) documents for:
 The duration of this case.
 The following time period: _____
- 4. I request a waiver of the mandatory use of WCES to eFile documents in this case for the following reason(s): _____
- 5. If the waiver is granted, I agree to file paper documents in this case and serve all other parties to this case in accordance with agency rules.

Signature of Attorney - or - Self-Represented Party

Full Name: _____
Law Firm or Other Entity: _____
Mailing Address: _____
Telephone Number: _____
Email Address: _____

CERTIFICATE OF SERVICE

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

- Iowa Workers' Compensation Electronic System (WCES)
- U.S. Mail to: _____
- Other: _____

Signature

Date