

**IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA**

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_____	)	
<b>Petitioner</b>	)	
	)	<b>WCC No.</b> _____
<b>vs.</b>	)	
	)	<b>PETITION DISPUTING</b>
	)	<b>INDEPENDENT CONTRACTOR</b>
	)	<b>DETERMINATION</b>
	)	<b>(NON-WORKERS' COMPENSATION)</b>
	)	
_____	)	
<b>Respondent.</b>	)	

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1. I am appealing the Determination of the Independent Contractor Central Unit dated \_\_\_\_\_, 2009. A copy of the Determination is attached.
2. The mediation process before the Department of Labor and Industry has been completed. § 39-71-415, MCA.
3. I am appealing the Determination and request the Workers' Compensation Court to reverse the Determination of the Independent Contractor Central Unit.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Petitioner

Please print or type:      Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

**Attach copy of the Independent Contractor Central Unit Determination**