

IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

)	
_____)	
Petitioner)	
)	WCC No. _____
vs.)	
)	PETITION DISPUTING ICCU
)	DETERMINATION
)	(NON-WORKERS' COMPENSATION)
_____)	
Respondent.)	

1. On _____, I applied for an independent contractor exemption. A copy of my application is attached.
2. My request for the independent contractor exemption certificate was denied on _____. A copy of the denial is attached.
3. The mediation process before the Department of Labor and Industry has been completed. § 39-71-415, MCA.
4. I am appealing the denial and request the Workers' Compensation Court to determine that I am an independent contractor entitled to an independent contractor exemption.

DATED this _____ day of _____, 20__.

Signature of Petitioner

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

Attach copies of Independent Contractor Exemption and denial letter