



OB0002

STATE OF MINNESOTA
OFFICE OF ADMINISTRATIVE HEARINGS
WORKERS' COMPENSATION DIVISION
(651) 361-7900

Mailing Address:

P.O. Box 64218
St. Paul, MN 55164-0218

Office Address:

P.O. Box 64620
St. Paul, MN 55164-0620

WID No.

DOI

' Employee,
vs.
' Employer,
and
' Insurer.

**OBJECTION TO
CERTIFICATE OF READINESS
FOR TRIAL**

I, _____, attorney for _____, object
to the scheduling of this matter for trial based upon the following reasons:

Dated this ____ day of _____ 20 ____

By Counsel,

Phone () _____

Email: _____