

M E M O

TO: Counsel and All Parties of Record in All Common Fund Matters
FROM: Workers' Compensation Court
RE: Affidavit
DATE: December 6, 2005

Affidavit

Attached is a blank form affidavit. If any insurer, self-insured, or guaranty association believes it should be dismissed from any of the common fund matters, you are directed to complete the affidavit and return it to the Workers' Compensation Court. If none of the enumerated reasons apply, you must prepare a separate affidavit for the Court's review.

JB

IN THE WORKERS' COMPENSATION COURT OF THE STATE OF MONTANA

WCC No. _____

Petitioner

vs.

Respondent/Insurer.

AFFIDAVIT

STATE OF _____)
: ss.
County of _____)

¶1 I _____ (**NAME**), being first duly sworn upon oath, depose and say:

¶2 I, _____ (**NAME**), am the _____ (**POSITION**) of _____ (**NAME OF INSURER OR SELF-INSURER**).

¶3 In my capacity as _____ (**POSITION**) of _____ (**NAME OF INSURER OR SELF-INSURER**), I am authorized to make the statements set forth in this affidavit on behalf of _____ (**NAME OF INSURER OR SELF-INSURER**) and to bind _____ (**NAME OF INSURER OR SELF-INSURER**) by these statements.

¶4 After a review of our records, I swear under oath that _____ (**NAME OF INSURER OR SELF-INSURER**) should be dismissed from the above-entitled action for any or all of the following reasons (check any or all that apply):

- ☐ _____ (**NAME OF INSURER OR SELF-INSURER**) has never written workers' compensation insurance in the state of Montana;
- ☐ _____ (**NAME OF INSURER OR SELF-INSURER**) does not have any Montana claims;
- ☐ _____ (**NAME OF INSURER OR SELF-INSURER**) has no claimants meeting the Court's criteria in this matter as set forth in the summons;
- ☐ _____ (**NAME OF INSURER OR SELF-INSURER**) was or is in liquidation during the period in question set forth in the amended summons served upon me.

¶15 I understand that the Montana Workers' Compensation Court may allow a period of up to 90 days from the date of filing this affidavit within which counsel for Petitioner[s] may conduct discovery and investigation for the limited purpose of proving or disproving the foregoing statement(s) made by me on behalf of _____ (**NAME OF INSURER OR SELF-INSURER**). After such 90 days, if no objection is lodged by counsel for Petitioner[s], the Court will dismiss the insurer/self-insurer from this action based on the sworn statements made by me in this affidavit.

¶16 I declare under penalty of perjury that the foregoing is correct.

DATED this _____ day of _____, 200__.

(Name)

(Title)

Signed and sworn to before me this _____ day of _____, 200__.

(SEAL)

Notary Public for the State of _____
Residing at: _____
My Commission Expires: _____