

**BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER**

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| <p>_____ ,<br/>vs.                      Claimant,<br/>_____ ,<br/>Employer,<br/>_____ ,<br/>Insurance Carrier,<br/>_____ ,<br/>Defendant(s).</p> | <p>File No(s):: _____<br/>_____</p> <p align="center"><b>Application for eFiling Exception</b></p> |
|--|--|

1. My name is: \_\_\_\_\_
2. In the above-captioned matter, I am:  
 Claimant      Employer      Insurance Carrier  
 Attorney for: \_\_\_\_\_  
 Other: \_\_\_\_\_
3. I request an exception to mandatory electronic filing (eFiling) under Rule 876 IAC 2.5 for:  
 The duration of this case.  
 The following time period: \_\_\_\_\_
4. I request an exception for the following reason(s):
5. If this Application for eFiling Exception is granted, I agree to file paper documents in this case and serve all other parties to this case in accordance with agency rules.

- O R -

\_\_\_\_\_  
**Signature of Attorney**

Name (PIN): \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Self-Represented Party**

Name: \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
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)

Other: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

IOWA  
WORKFORCE  
DEVELOPMENT

IOWA DIVISION OF WORKERS' COMPENSATION  
[www.iowaWorkComp.gov](http://www.iowaWorkComp.gov)

Form 14-0176  
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