

BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER

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

-OR-

<p>Signature of Attorney</p> <p>Name (PIN): _____</p> <p>Email: _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Address: _____ _____ _____</p>	<p>Signature of Self-Represented Party</p> <p>Name: _____</p> <p>Email: _____</p> <p>Phone: _____</p> <p>Fax: _____</p> <p>Address: _____ _____ _____</p>
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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

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