

**BEFORE THE IOWA WORKERS' COMPENSATION COMMISSIONER**

vs.	Claimant,	File No(s):
	Employer,	
	Insurance Carrier,	
	Defendants.	<b>Shorthand Reporter Identification</b>

The undersigned hereby states that for the hearing described below in the above-captioned matter, under Iowa Code section 86.19(2), the presiding officer appointed the certified shorthand reporter identified below as the official shorthand reporter and custodian of the notes for the period of time provided in Iowa Code section 17A.12(7).

**HEARING**

Date: \_\_\_\_\_  
Type: \_\_\_\_\_

**SHORTHAND REPORTER**

Name: \_\_\_\_\_  
Firm (if any): \_\_\_\_\_  
Email: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

-or-

<b>Signature of Attorney for Defendant(s)</b>	<b>Signature of Non-Attorney Representative of Defendant(s)</b>
Name (PIN): _____	Name, Title: _____
Email: _____	Email: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Address: _____	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 \_\_\_\_\_