

MISSISSIPPI WORKERS' COMPENSATION COMMISSION

Post Office Box 5300, Jackson, Mississippi 39296-5300

EMPLOYER'S NOTICE OF CONTROVERSION

MWCC FILE
NUMBER

CARRIER FILE
NUMBER

EMPLOYEE CLAIMANT			SOC. SEC. NO.		NATURE OF INJURY	
ADDRESS			DATE OF BIRTH	AGE	SEX	
CITY	STATE	ZIP	INJURY DATE			
EMPLOYER			INSURANCE CARRIER			
ADDRESS			ADDRESS			
CITY	STATE	ZIP	CITY		STATE	ZIP

Pursuant to Section 71-3-37(4) of the Mississippi Workers' Compensation Act, the above named employer controverts the referenced employee's right to workers' compensation upon the following grounds:

I hereby certify that a copy of this notice has been served, by mail or personal delivery, to the above named employee at the most current address which can be determined by diligent inquiry or to his or her attorney, if represented.

Dated: _____

Signature of Employer/Carrier Representative

Title

Address

City

State

Zip

Telephone number: