



*Department of Commerce*  
**WORKERS' COMPENSATION COMMISSION**  
**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS**  
 P.O. Box 5795 CHRB, Saipan MP 96950  
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**NOTICE OF INFORMAL CONFERENCE**

Claimant	Insurance Carrier
Employer	Date

To: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please take notice that an informal conference will be held in the matter of the claim for compensation filed by the above named claimant before \_\_\_\_\_, the designate Hearing Officer for the CNMI Workers' Compensation Commission, on \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_.m. at the office of the Workers' Compensation Commission, located at the Department of Commerce Building, on the island of \_\_\_\_\_. You are requested to be present. The following issues will be discussed:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

The purpose of informal conferences are: (1) to amicably dispose of controversies, wherever possible; (2) to narrow issues; (3) to simplify the subsequent methods of proof. Medical reports and other written evidence may be brought for identification of the proof to be submitted. No witnesses are to be presented at this informal conference.

\_\_\_\_\_  
 Administrator