



JOINT MOTION FOR CHANGE OF VENUE

Grid for injury number: [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]

P.O. Box 58, Jefferson City, MO 65102-0058
labor.mo.gov/DWC

Employee Vs Employer And Insurer/Third Party Administrator

Current Case Venue: Date of Accident/ Occupational Disease:

Venue Change Granted: Administrative Law Judge: Signature Date: Venue Transferred To:



Joint Motion for Change of Venue

The parties jointly submit this motion for change of venue. Pursuant to §287.640.2, RSMo all parties agree that venue of this claim for compensation be transferred to:

Reason for request:

Is the Second Injury Fund a party to the case? Yes No

Has the Missouri Attorney General's Office agreed to this Joint Motion for Change of Venue? Yes No

Respectfully Submitted,



Attorney for Employee Signature Attorney Name Law Firm Address Phone No. Bar Number Email Address

Attorney for Employer/ Insurer/Third Party Administrator Signature Attorney Name Law Firm Address Phone No. Bar Number Email Address

Claimant signature if not represented by an attorney

Missouri Attorney General's Office for Treasurer of state of Missouri as custodian of the Second Injury Fund

Claimant: Signature Line

Assistant Attorney General: Signature Line

