

**DWC PETITION FOR SUSPENSION OR REVOCATION OF A MEDICAL PROVIDER
NETWORK FORM 9767.17.5 (PART A)**

NOTICE TO PETITIONER:

You must attach a Proof of Service by Mail indicating that Part A (*DWC Petition for Suspension or Revocation of a Medical Provider Network*) and Part B (*MPN Response to DWC Petition for Suspension or Revocation of a Medical Provider Network*) of this form with all supporting evidence were mailed to the Administrative Director and a copy sent to the MPN's authorized individual.

NOTICE TO MEDICAL PROVIDER NETWORK:

Pursuant to section 9767.17(d) of title 8 of the California Code of Regulations, you may file with the Administrative Director a response to this petition within **30 days** from the date the petition was served on you. Your response must be submitted using the *MPN Response to DWC Petition for Suspension or Revocation of a Medical Provider Network Form 9767.17.5 (Part B)*, which is contained in pages 3 of this form.