

Nevada Department of Administration, Hearings Division  
2200 S. Rancho Drive, Ste 210  
Las Vegas, NV 89102  
(702) 486-2525

Nevada Department of Administration Hearings Division  
1050 E. Williams Street, Ste 400  
Carson City, NV 89701  
(775) 687-8440

## REQUEST FOR HEARING BEFORE APPEALS OFFICER

### CLAIMANT INFORMATION

Claimant's Name:

Address:

City:

State:

Zip Code:

Telephone:

### EMPLOYER INFORMATION

Hearing number:

Employer:

Address:

City:

State:

Zip Code:

Telephone:

### PERSON REQUESTING APPEAL:

I WISH TO APPEAL THE HEARING OFFICER DECISION DATED:

***YOU MUST ATTACH A COPY OF THE HEARING OFFICER DECISION***

### BRIEFLY EXPLAIN REASON FOR APPEAL:

If you are represented by an attorney or other agent, please print the name and address below.

#### ATTORNEY/REPRESENTATIVE:

Attorney or Representative's Name:

Address:

City:

State:

Zip Code:

Telephone:

#### INSURANCE COMPANY/T.P.A.:

Insurer or Third Party Administrator's Name:

Address:

City:

State:

Zip Code:

Telephone:

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

### NOTICE

If the Hearing Officer decision is appealed, Claimants are entitled to free legal representation by the Nevada Attorney for Injured Workers (NAIW). If you want NAIW to represent you, please sign below:

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Telephone Number**

**\*\* If you are appealing the Hearing Officer's Decision, file this form and a copy of the Decision no later than thirty (30) days after the date of the Hearing Officer's Decision.\*\***