

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

CLAIMANT INFORMATION

Claimant's Name:

Address:

City:

State:

Zip Code:

Telephone:

EMPLOYER INFORMATION

Claim number:

Employer:

Address:

City:

State:

Zip Code:

Telephone:

PERSON REQUESTING APPEAL:

I WISH TO APPEAL THE DETERMINATION DATED:

***YOU MUST ATTACH A COPY OF THE DETERMINATION LETTER
PER NRS 616C.315 2(a)(b)***

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:

INSURANCECOMPANY/T.P.A.:

Insurer or Third Party Administrator's Name:

Address:

City:

State:

Zip Code:

Telephone:

Signature

Date

A COPY OF THE DETERMINATION LETTER MUST BE SUBMITTED:

NRS 616C.315 Request for hearing; forms for request to be provided by Insurer; appeals; expeditious and informal hearing required; direct submission to Appeals Officer.

2. Except as otherwise provided in NRS 616C.305, a person who is aggrieved by:

- (a) A written determination of an Insurer; or
- (b) The failure of an Insurer to respond within 30 days to a written request mailed to the Insurer by the person who is aggrieved, may appeal from the determination or failure to respond by filing a request for a hearing before a Hearing Officer.....