

Nevada Department of Administration Hearings Division
2200 S. Rancho Drive, Ste 220
Las Vegas, NV 89102
(702) 486-2527

Nevada Department of Administration Hearings Division
1050 E. Williams Street, Ste 450
Carson City, NV 89701
(775) 687-8420

REQUEST FOR HEARING BEFORE APPEALS OFFICER

CLAIMANT INFORMATION

Claimant:
Address:
Telephone:

EMPLOYER INFORMATION

Claim number:
Employer:
Address:
Telephone:

PERSON REQUESTING APPEAL: (circle one) CLAIMANT EMPLOYER INSURER

I WISH TO APPEAL THE HEARING OFFICER DECISION DATED: _____

YOU MUST ATTACH A COPY OF THE HEARING OFFICER DECISION

**PLEASE CHECK HERE IF YOUR REQUEST IS REGARDING
A CLAIM FILED PURSUANT TO NRS 617.455 OR 617.457**

BRIEFLY EXPLAIN REASON FOR APPEAL:

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

ATTORNEY/REPRESENTATIVE:

Name:
Address:
Telephone:

INSURANCE COMPANY:

Name:
Address:
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.****