

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.\*\***