

REQUEST FOR HEARING BEFORE APPEALS OFFICER- CONTESTED CLAIM

(Pursuant to NRS 616C.345)

FILE YOUR REQUEST FOR A HEARING ONLINE AT

<http://www.hearings.nv.gov/efile>.

If you are an unrepresented litigant, you may mail the form below to Department of Administration, Hearings Office, 2200 South Rancho Drive, Suite 220, Las Vegas, NV 89102 or the Department of Administration, Hearings Office, 1050 East William Street, Suite 450, Carson City, Nevada 89701. All other requests for hearing must be submitted online.

Employee Information	
Employee's Name and Address	
Employee's Telephone Number	Claim No.
	Date of Injury
Insurer Information	
Insurer's Name and Address	
Insurer's Telephone Number	

Employer Information	
Employer's Name and Address	
Employer's Telephone Number	
Third-Party Administrator Information	
Third-Party Administrator's Name and Address	
Third-Party Administrator's Telephone Number	

Do Not Complete This Form Unless You Disagree with an Insurer/TPA's Determination letter or a Hearing Officer's Decision. Please attach the document with which you disagree, or a hearing will not be scheduled.

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

Briefly explain the basis for this appeal: _____

This request for hearing is filed by, or on behalf of: Injured Employee Employer TPA/Insurer
and is dated this _____ day of _____, 20_____.

Signature of Filer