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 400
Carson City, NV 89701
(775) 687-8440

REQUEST FOR HEARING

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 DETERMINATION DATED: _____

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

☐ **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**

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…..