Joe Lombardo Governor



Jack Robb

Director

Dean Hardy, Esq. Senior Appeals Officer

Northern Nevada:

Hearing Office 1050 E. Williams St. Ste. 400 Carson City, Nevada 89701 (775) 687-8440 | Fax (775) 687-8441

Appeals Office 1050 E. Williams St. Ste. 450 Carson City, Nevada 89701 (775) 687-8420 | Fax (775) 687-8421

STATE OF NEVADA DEPARTMENT OF ADMINISTRATION

Hearings Division

http://hearings.nv.gov/

Southern Nevada: *Hearing Office*2200 S. Rancho Drive, Ste. 150
Las Vegas, Nevada 89102
(702) 486-2525 | Fax (702) 486-2879

Appeals Office 2200 S. Rancho Drive, Ste. 220 Las Vegas, Nevada 89102 (702) 486-2527 | Fax (702) 486-2555

TRANSCRIPT REQUEST FORM

Date of Request:			<u></u>	
Person Requesting I	Document			
Claimant	☐ Insurer/T	PA	ATTY for Clamaint / Emplo	yer / Insurer / TPA
Employer	State Age	ency	Other:	
Name (please print o	clearly):			
Address:				
Telephone Number:				
Email Address:				
Case Information				
Appeal Number:				
Claimant's Name:				
Date/Time of Hearin	ng Requested:			
Document Delivery				
Processing:	☐ Regular	☐ Expedite	ed (additional fees may ap	pply)
The transcriptionist w	vill contact you wi	thin 2 husiness d	avs of receipt of the requ	est from

The transcriptionist will contact you within 2 business days of receipt of the request from the Hearings Division with the estimated charges; the transcriptionist will invoice you directly and notify you of delivery.

REVISED: 07/2017