

# REQUEST FOR HEARING - CONTESTED CLAIM

(Pursuant to NAC 616C.274)

REPLY TO: Department of Administration  
Hearings Division  
1050 E. William Street, Ste. 400  
Carson City, NV 89701  
(775) 687-8440

OR Department of Administration  
Hearings Division  
2200 S. Rancho Drive, Suite 210  
Las Vegas, NV 89102  
(702) 486-2525

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 or Mail This Form Unless You Disagree With the Insurer's Determination.

**YOU MUST INCLUDE A COPY OF THE DETERMINATION LETTER OR A HEARING WILL NOT BE SCHEDULED PURSUANT TO NRS 616C.315.**

**Briefly** explain the basis for this appeal:

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**The Injured Employee**

This request for hearing is filed by, or on behalf of: **The Employer**

and is dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Injured Employee/Employer

\_\_\_\_\_  
Injured Employee's/Employer's Rep. (Advisor)