

REQUEST FOR HEARING - CONTESTED CLAIM

(Pursuant to NAC 616C.274)

FILE YOUR REQUEST FOR A HEARING ONLINE AT

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

If you are unrepresented litigant, you may mail the form below to Department of Administration, Hearings Office, 2200 South Rancho Drive, Suite 150, Las Vegas, NV 89102 or the Department of Administration, Hearings Office, 1050 East William Street, Suite 400, Carson City, Nevada 89701. All other requests for hearing must be submitted online.

Injured Employee's Name (Last, First, M.I.)

Claim No.

Address (P.O. Box/Apt./Street)

City/State/Zip Code

Telephone No.

Date of Injury

Employer's Name

Account No.

Address

Employer's Phone No.

City/State/Zip Code

Employer's Representative

I hereby request a hearing before the Appeals Officer to review the determination made by the Administrator of the Division of Industrial Relations regarding Employer/Employee relationship in the designated claim above.

The determination relates to (please mark appropriate space):

_____ Assignment of claim to the Uninsured Employers' Claim Account

_____ Non-assignment of claim to Uninsured Employers' Claim Account

Briefly explain the basis for this appeal: _____

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

☐ **The Injured Employee**

☐ **The Employer**

and is dated this _____ day of _____, 20_____.

Signature of Injured Employee/Employer

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