Form 402
7/1/2008

State of Utah – Labor Commission
Division of Adjudication
160 East 300 South, 3rd Floor, P.O. Box 146615
Salt Lake City, Utah 84114-6615
(801)530-6800
laborcommission.utah.gov
Note: PLEASE TYPE OR PRINT IN BLACK INK

_____ Employer (Petitioner) _____ Employer's Mailing Address _____ City State Zip Code _____ Petitioner's Workers' Comp Insurance Carrier _____ Insurance Carrier's Mailing Address _____ City State Zip Code **vs.** _____ Employee (Respondent) _____ Employee's Mailing Address _____ City State Zip Code _____ Respondent's Telephone Number	**APPLICATION FOR HEARING FOR TERMINATION OR REDUCTION OF COMPENSATION** (NOTE: Include all supporting documentation when this form is filed with the Labor Commission or the Application for Hearing may be returned) **Supporting Documentation Required for this Application:** Proof of Service Notice of Request for Termination or Reduction of Compensation Persons with Knowledge List

PETITIONER ALLEGES AND REQUESTS RESOLUTION CONCERNING THE FOLLOWING UNDER TITLE 34 A:

1. Date of industrial injury: (mm/dd/yyyy) _____.

2. Petitioner requests respondent's compensation be (check one) _____ terminated or _____ reduced by $_____ per week.

2. The basis for this reduction/termination is: _____ (list specific citation to §34A-2-410.5 relied upon for this request). The petitioner alleges the following in support of this claim:

Petitioner verifies that the above information is true and correct to the best of petitioner's information and belief.

_____ Printed Name of Attorney for Petitioner State Bar # _____ Signature of Attorney for Petitioner _____ Mailing Address for Attorney for Petitioner _____ City State Zip Code _____ Telephone Number _____ FAX _____ E-Mail Address	_____ Signature of Petitioner Date _____ Petitioner's Telephone Number