

**State of Utah – Labor Commission**  
**Adjudication Division**  
160 East 300 South 3<sup>rd</sup> Floor. PO Box 146615  
Salt Lake City, Utah 84114-6615  
(801) 530-6800  
[casefiling@utah.gov](mailto:casefiling@utah.gov)

**Note: PLEASE TYPE OR PRINT IN BLACK INK**

<hr/> <p>Injured Employee (Petitioner)</p> <hr/> <p>Petitioner's Mailing Address</p> <hr/> <p>City _____ State _____ Zip Code _____</p> <p><b>vs.</b></p> <hr/> <p>Respondent (Employer)</p> <hr/> <p>Respondent's Mailing Address</p> <hr/> <p>City _____ State _____ Zip Code _____</p> <hr/> <p>Respondent's Workers' Comp Insurance Carrier</p> <hr/> <p>Insurance Carrier's Mailing Address</p> <hr/> <p>City _____ State _____ Zip Code _____</p> <hr/> <p>Insurance Carrier's Phone Number</p>	<p><b>Application For Hearing</b> <b>Failure Of Diligent Pursuit</b></p> <p>(Note: Include all supporting documentation when this form is filed with the Labor Commission or the Application For Hearing may be returned)</p>
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**PETITIONER/RESPONDENT ALLEGES AND REQUESTS RESOLUTION CONCERNING THE FOLLOWING UNDER TITLE 34A:**

1. Date of industrial injury: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
2. Commission case number from order approving re-employment plan: \_\_\_\_\_.
3. A hearing is requested because the employer / insurance carrier has failed to diligently pursue the re-employment plan.
4. The facts supporting my request are as follows:

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

\_\_\_\_\_  
Printed Name of Attorney for Petitioner/Respondent

\_\_\_\_\_  
Signature of Petitioner/Respondent

\_\_\_\_\_  
State Bar #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Attorney for Petitioner/Respondent

\_\_\_\_\_  
Petitioner's Phone Number

\_\_\_\_\_  
Mailing Address for Attorney for Petitioner/Respondent

\_\_\_\_\_  
Petitioner's Social Security Number

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
E-Mail Address

**If you know the name and address of the adjuster or third party administrator that you have dealt with concerning your claim please include that information:**

\_\_\_\_\_  
Name of adjuster or third party administrator

\_\_\_\_\_  
Mailing Address for adjuster or third party administrator

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
E-Mail Address