

**State of Utah - Labor Commission
Adjudication Division**

160 East 300 South, 3rd Floor, P.O. Box 146615
Salt Lake City, Utah 84114-6615
(801) 530-6800

casefiling@utah.gov

Note: PLEASE TYPE OR PRINT IN BLACK INK

<p>Injured Employee (Petitioner)</p> <p>_____</p> <p>Petitioner's Mailing Address</p> <p>_____</p> <p>City, State and Zip Code</p> <p>_____</p> <p>vs.</p> <p>Respondent (employer)</p> <p>_____</p> <p>Respondent's Mailing Address</p> <p>_____</p> <p>City, State and Zip Code</p> <p>_____</p> <p>Respondent's E-Mail Address</p> <p>_____</p> <p>Respondent's Workers' Comp Insurance Carrier</p> <p>_____</p> <p>Insurance Carrier's Mailing Address</p> <p>_____</p> <p>City, State and Zip Code</p> <p>_____</p> <p>Insurance Carrier's Phone Number</p> <p>_____</p>	<p>APPLICATION FOR HEARING NONCOOPERATION</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 _____ Date _____ Year _____ .
2. Commission case number from order approving re-employment plan: _____ .
3. A hearing is requested because the petitioner has failed to cooperate with the re-employment plan.
4. The facts supporting my request are as follows:

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/Respondent's Telephone Number

Mailing Address of Attorney for Petitioner/Respondent

Petitioner/s Social Security Number
(If applicable)

City/State/Zip Code

Telephone Number

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