

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

160 East 300 South, 3<sup>rd</sup> Floor, P.O. 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**

<p><b>Injured Employee (Petitioner)</b></p> <hr/> <p>Petitioner's Mailing Address</p> <hr/> <p>City, State and Zip Code</p> <hr/> <p><b>vs.</b></p> <hr/> <p><b>Respondent (employer)</b></p> <hr/> <p>Respondent's Mailing Address</p> <hr/> <p>City, State and Zip Code</p> <hr/> <p>Respondent's E-Mail Address</p> <hr/> <p>Respondent's Workers' Comp Insurance Carrier</p> <hr/> <p>Insurance Carrier's Mailing Address</p> <hr/> <p>City, State and Zip Code</p> <hr/> <p>Insurance Carrier's Phone Number</p>	<p><b>APPLICATION FOR HEARING NONCOOPERATION</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 \_\_\_\_\_ 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:  
  


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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/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**