

**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

Case Name: _____ vs.

Date of Injury/Period of Exposure: _____

PERSONS WITH KNOWLEDGE LIST

The following person(s) may have knowledge of the events and/or circumstances relating to the reasons to terminate or reduce compensation. The person(s) listed may have knowledge that either tends to prove or disprove the reasons for termination/reduction of compensation as alleged in the Application for Hearing for Termination or Reduction of Compensation. Attach additional pages as needed.

NAME:

STATEMENT OF KNOWLEDGE

Full Name

Witness at Hearing? _____ Yes _____ No

Address

City State Zip Code

Telephone Number

Full Name

Witness at Hearing? _____ Yes _____ No

Address

City State Zip Code

Telephone Number

Full Name

Witness at Hearing? _____ Yes _____ No

Address

City State Zip Code

Telephone Number

NOTICE TO THE RESPONDENT (EMPLOYEE):

15 days prior to the scheduled hearing, you are required to mail to or otherwise serve on the petitioner a list of all witnesses, other than yourself, that you will produce at the hearing. Failure to disclose a witness on the witness list may prevent that witness from being allowed to testify at the hearing.

You are also required to mail to or otherwise serve on the petitioner a copy of all exhibits not otherwise in the possession of the petitioner that you intend to submit as evidence at the hearing. Failure to provide copies of exhibits prior to the hearing may prevent those documents from being submitted and considered at the hearing.