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

APPLICATION FOR HEARING-DEPENDENT'S

Petitioner	BENEFITS and/or BURIAL BENEFITS Industrial Accident Claim		
Decedent			
	(NOTE: Include all supporting documentation		
vs. Respondent (employer)	when this form is filed with the Labor Commission or the Application for Hearing may be returned)		
Respondent's mailing address	-		
City, State and Zip Code	I request to have a Claims Resolution Conference scheduled to resolve the issues checked below		
Respondent's phone number	YES NO		
Respondent's workers' comp Insurance Carrier			
Insurance Carrier's mailing address	_		
City, State and Zip Code	_		
Insurance Carrier's phone number	_		
· · · · · · · · · · · · · · · · · · ·	y accident arising out of and in the course of named employer on the following date:		
2. The accident occurred as follows:			
3. The cause of death was:			
4. The decedent's date of death was: Mont	h Date Year		
5. At the time of the industrial accident at \$ per and deced			

6. The decedent had the following dependents at the time of the industrial accident at issue:

NAME	RELATIONSHIP	BIRTH DATE	PRESENT ADDRESS	SOCIAL SECURITY NUMBER

Petitioner verifies that the above information is true and correct to the best of petitioner's information and belief.			
Printed Name o	f Attorney for Petitioner State Bar #	Signature of Petitioner	Date
Signature of Attorney for Petitioner		Mailing Address of Petitioner	
Mailing Address for Attorney for Petitioner		City/State/Zip Code	
City/State/Zip Code		Petitioner's Telephone Number	
Telephone Number		Petitioner's Social Security Number	
FAX	E-Mail Address	Petitioner's E-Mail Address	

DOCUMENTS THAT MUST BE FILED WITH APPLICATION FOR HEARING

<u>IMPORTANT:</u> Failure to include completed and signed forms with all requested supporting documentation will result in the Application for Hearing being returned for completion. If the returned Application for Hearing is not completed and re-filed with the requested supporting documents within sixty (60) days, the Application for Hearing will be dismissed.

1.	Decedent's Death Certificate.		
2.	Documents supporting dependency relationship with the decedent.		
3.	Minor Dependents' birth certificates.		
4.	Guardianship or Conservatorship Documents for Petitioner. (Only required if filing on behalf of minor children other than petitioner's own children).		
5.	Form 152 Appointment of Counsel. (Only required if petitioner is represented by an attorney).		
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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		
Maili	ng Address for adjuster or third party administrator		
City/S	State/Zip Code		
E-mai	il Address		