

INSTRUCTIONS FOR COMPLETING APPLICATION FOR HEARING-INDUSTRIAL ACCIDENT CLAIM

1. Fill out the Application for Hearing-Industrial Accident Claim (form 001). Only one (1) date of injury may be included on the hearing application. If you are making claims for more than one date of accident, even with the same employer, you must fill out an application for each injury date.
2. The Application must be complete and you must sign it. If you leave blanks on the form, it will be returned to you.
3. If you are claiming permanent total disability compensation, you must complete the page of the hearing application entitled Permanent Total Disability Fact Sheet. If you are not claiming this type of compensation, leave this page blank.
4. Claims Resolution Conference: If you would like the Commission's Industrial Accidents Division to schedule a conference where you can meet with the employer/carrier representative to mediate and attempt to settle the claim, check "yes" on the Application for Hearing. If the employer/carrier also agrees to meet, you will be contacted by the Industrial Accidents Division to schedule this conference. Attending this conference does not require you to settle the claim. If you have questions about the claims resolution process, please contact the Industrial Accidents Division at 801-530-6833.
5. You **MUST** also file the following completed forms with your Application for Hearing:
 - a) **Form 307** Medical Treatment Provider List
You may attach an additional sheet if you need more space to list all providers.
 - b) **Form 308** Authorization to Disclose Health Information
This form will be sent by the Commission to the employer/insurance carrier to allow them to obtain your past medical records for review. *Leave the top paragraph blank because your employer/insurance carrier, NOT YOU, will be requesting the medical records.*
 - c) **Form 113a** Summary of Medical Record-Industrial Accident
You must have medical evidence that supports your claim. You can use this form to get the needed information from your medical provider. To use this form, have your medical provider answer the questions and sign the form. Then, you must submit the completed form with your hearing application.

If you do not use Form 113a, you must submit copies of your medical records that provide medical support for your claim.

ONLY IF YOU ARE REPRESENTED BY AN ATTORNEY:

d) Notice of Appearance of Council, or you can use **Form 152** Appointment of Counsel.

6. If any of the forms are incomplete or unsigned, the Application for Hearing will be returned to you for completion. If the returned Application for Hearing is not completed and refiled with the requested supporting documents within sixty (60) days, the Application for Hearing will be dismissed.
7. You must file the completed Application for Hearing-Industrial Accident Claim and supporting forms with the Adjudication Division. You may file the forms by e-mail, fax, by regular mail or in person.

By e-mail: casefiling@utah.gov

By fax:

Salt Lake office: 801-5306333
St George office: 435-673-2621

By mail:

Salt Lake Office:
Utah Labor Commission
Adjudication Division
P O Box 146615
Salt Lake City, UT 84114-6615

St George Office:
Utah Labor Commission
Adjudication Division
1173 South 250 West, Ste 304
St George UT 84770

In person:

Salt Lake Office:
Utah Labor Commission
Adjudication Division
160 E 300 S 3rd Floor
Salt Lake City, Utah

St George Office:
Utah Labor Commission
Adjudication Division
1173 South 250 West, Ste 304
St George Utah