REQUEST FOR HEARING - CONTESTED CLAIM

(Pursuant to NAC 616C.274)

FILE YOUR REQUEST FOR A HEARING ONLINE AT
https://eflex.nv.gov/efile/reg

If you are an unrepresented litigant, you may mail the form below to Department of Administration, Hearings Office, 2200 South Rancho Drive, Suite 150, Las Vegas, NV 89102 or the Department of Administration, Hearings Office, 1050 East William Street, Suite 400, Carson City, Nevada 89701. All other requests for hearing must be submitted online.

Employee Information	
Employee's Name and Address	
Employee's Telephone Number	Claim No. Date of Injury

Employer Information
Employer's Name and Address
Employer's Telephone Number

Insurer Information
Insurer's Name and Address
Insurer's Telephone Number

Third-Party Administrator Information
Third-Party Administrator's Name and Address
Third-Party Administrator's Telephone Number

Do Not Complete or Mail This Form Unless You Disagree with the Insurer's Determination.

☐ **PLEASE CHECK HERE IF YOUR REQUEST IS REGARDING A CLAIM FILED PURSUANT TO NRS 617.455 OR 617.457**

YOU MUST INCLUDE A COPY OF THE DETERMINATION LETTER OR A HEARING WILL NOT BE SCHEDULED PURSUANT TO NRS 616C.315.

Briefly explain the basis for this appeal: _____

_____

_____

_____

_____

This request for hearing is filed by, or on behalf of: ☐ **Injured Employee** ☐ **Employer**

and is dated this _____day of _____, 20_____.

_____ _____

Signature of Injured Employee/Employer

Injured Employee's/Employer's Rep. (Advisor)