REQUEST FOR HEARING - CONTESTED CLAIM

(Pursuant to NRS 616C.220)

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.

_____
Injured Employee's Name (Last, First, M.I.)

_____ Claim No. _____
Address (P.O. Box/Apt./Street)

_____
City/State/Zip Code Telephone No. Date of Injury

_____
Employer's Name Account No.

_____
Address Employer's Phone No.

_____
City/State/Zip Code Employer's Representative

I hereby request a hearing before the Appeals Officer to review the determination made by the Administrator of the Division of Industrial Relations regarding Employer/Employee relationship in the designated claim above.

The determination relates to (please mark appropriate space):

_____ Assignment of claim to the Uninsured Employers' Claim Account

_____ Non-assignment of claim to Uninsured Employers' Claim Account

Briefly explain the basis for this appeal: _____
_____
_____
_____
_____

This request for hearing is filed by, or on behalf of:

☐ **The Injured Employee**

☐ **The Employer**

and is dated this _____day of _____, 20_____.

_____ _____
Signature of Injured Employee/Employer Injured Employee's/Employer's Rep. (Advisor)