INDUSTRIAL COMMISSION OF ARIZONA

800 W WASHINGTON STREET
PHOENIX, ARIZONA 85007
(602) 542-4661

REQUEST FOR HEARING

vs. **Last Name** **First Name MI**

Defendant Employer

Defendant Insurance Carrier

Social Security No. *

ICA Claim No.

Ins. Carrier Claim No.

Date of Injury

Person Requesting Hearing:

A hearing is requested on: *(Check appropriate box)*

◯ **Notice of Claim Status dated:** DD / MM / YYYY
or
◯ **Notice, Award, Order or Decision by The Industrial Commission of Arizona dated: or** DD / MM / YYYY
◯ **A.R.S. §23-1061(J)** **or** ◯ **Other:**

State reason for the request:

Hearing requested at city or town of: Phoenix Estimated length of hearing:

I request that subpoenas be issued for the following witnesses to appear and testify at hearing:

(a) (Name) / (Address)
(b) (Name) / (Address)
(c) (Name) / (Address)

☐ **Interpreter requested** **Specify Language:**

Copies of the Arizona Workers' Compensation Laws and Arizona Workers' Compensation Practice and Procedure and information about the Industrial Commission of Arizona claims and hearing process are available at the Industrial Commission offices and through the ICA web-site located at: www.azica.gov

Signature of person or the person's authorized representative requesting hearing is REQUIRED. **Date:**

Address **Telephone No.**

City **State** **Zip** **Email Address**

IMPORTANT: **You will be notified of hearing date in writing by mail. You must keep the Administrative Law Judge advised of any address change.**

Phoenix:
Mailing address: **Industrial Commission of Arizona**
P.O. Box 19070
Phoenix, Arizona 85005-9070
Website azica.gov
Street address: **800 W. Washington Street**
Phoenix, Arizona 85007-2922

Tucson Office: **Industrial Commission of Arizona**
2675 E. Broadway
Tucson, Arizona 85716-5342

The mandatory requirement that the social security number be included in forms filed with the Claims Division or Special Fund Division of the Industrial Commission of Arizona is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, because the Commission's forms, prescribed under the Commission's Rules in existence prior to January 1, 1975, required disclosure of the social security number. The number is used as a means of identifying all the various records in the Claims Division or Special Fund pertaining to an individual. The use of social security numbers is made necessary because of the large number of persons who have similar names and birth dates, and whose identities can only be distinguished by the social security number.

THE INDUSTRIAL COMMISSION COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT OF 1990. IF YOU NEED THIS DOCUMENT IN ALTERNATIVE FORMAT, CONTACT CLAIMS AT (602) 542-4661.