



INDUSTRIAL COMMISSION OF ARIZONA

REQUEST FOR INVESTIGATION PURSUANT TO A.R.S. § 23-1061(J)

vs. _____ Last Name _____ First Name MI _____

 Defendant Employer

 Defendant Insurance Carrier

*Social Security No. _____
 ICA Claim No. _____
 Ins. Carrier Claim No. _____
 Date of Injury _____

If you are protesting a NOTICE OF CLAIM STATUS or a DENIED claim, use the ICA Request for Hearing (Form 0446) instead.

Person Requesting the Investigation: _____

LIST THE BENEFIT(S) THAT HAVE BEEN DENIED IN THIS CLAIM (and provide/upload supporting documentation).
 Examples include medical benefits and disability payments.

For the investigation, the following persons have (or may have) relevant knowledge concerning the denied or delayed benefit(s):

Name (and Title, if applicable): _____ Phone: _____ Email: _____
 Name (and Title, if applicable): _____ Phone: _____ Email: _____

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

I request the hearing be held: By Videoconference In Person An interpreter is requested: _____ Language: _____

NOTICE: After investigation, if the ICA determines the matter requires a hearing, it will be referred to an administrative law judge.

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

Address _____ Telephone No. _____

City _____ State _____ Zip _____ Email _____

IMPORTANT: You will be notified of any hearing date in writing by mail. You are **REQUIRED** to advise the Industrial Commission of any address change.

Phoenix Mailing address:	Industrial Commission of Arizona P.O. Box 19070 Phoenix, Arizona 85005-9070	Tucson Mailing Address:	Industrial Commission of Arizona 2675 E. Broadway Tucson, Arizona 85716-5342
--------------------------	---	-------------------------	--

Website: www.azica.gov

Street address: 800 W. Washington Street
Phoenix, Arizona 85007-2922

*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.