INDUSTRIAL COMMISSION OF
ARIZONA

REQUEST FOR CONTINUANCE

Applicant Last Name | Applicant First Name | MI

vs.

Defendant Employer

Defendant Insurance Carrier

ALJ Case No.

ICA Claim No.

Ins. Carrier Claim No.

Date of Injury

Person requesting this continuance:

☐ I am requesting a continuance of the conference scheduled on:

☐ I am requesting a continuance of the hearing scheduled on:

Have you previously requested a continuance for this conference or hearing? YES ☐ NO ☐

State the reason for this continuance request:

I advised all other parties of this continuance request: YES ☐ NO ☐

Does any opposing party object to this continuance request? YES ☐ NO ☐

Copies of the Arizona Workers' Compensation Laws, Arizona Workers' Compensation Practice and Procedure Rules, and information about the Industrial Commission of Arizona claims and hearing process, are available at the Industrial Commission offices and on the ICA website at: www.azica.gov

Signature of person or the authorized representative requesting the CONTINUANCE is REQUIRED. Date

Street Telephone No.

City State Zip Code Email Address

Phoenix Mailing address: Industrial Commission of Arizona, P.O. Box 19070, Phoenix, Arizona 85005-9070

Website: www.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 INDUSTRIAL COMMISSION COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT OF 1990.
IF YOU NEED THIS DOCUMENT IN AN ALTERNATIVE FORMAT, CONTACT CLAIMS AT (502) 542-4661.