INDUSTRIAL COMMISSION OF ARIZONA

REQUEST FOR HEARING WITHDRAWAL

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 making the hearing withdrawal request(s):

I am withdrawing the Request(s) for Hearing dated:

State the reason(s) for the hearing withdrawal request(s):

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 WITHDRAWAL 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.