



City of Phoenix

FIRE DEPARTMENT
HEALTH CENTER

Request for Hearing

Here are a few helpful hints to assist you with your Request for Hearing.

- **VERY IMPORTANT**, you only have 90 calendar days (including Saturday and Sunday) to request a hearing from the Notice of Claim Status date (mailed on date)
 - There are no exceptions! If the Industrial Commission of Arizona (ICA) has not received the Request for Hearing by the 90th day, the notice is final.
 - MAILED ON date see attached Notice of Claim Status
- Be your own advocate! Attached is a list of phone numbers to the Industrial Commission of Arizona
- Do you need legal representation? See the attached Frequently Asked Questions
- Contact your Union Representative

Be your own advocate! In 2010 The Industrial Commission of Arizona received 96,700 industrial claims. Approximately 15,000 requests for a hearing are filed per year and 8,000 of those do go to hearing. Make sure and follow up!

You can find more information at <http://www.ica.state.az.us/>

Feel free to call the Health Center if you have any questions, or the City Safety office 602-262-4661.

INDUSTRIAL COMMISSION OF ARIZONA

IMPORTANT: This completed form must be filed at an Industrial Commission office. (See addresses below.)

REQUEST FOR HEARING

<hr/> <p style="text-align: center;">Injured Worker</p> <hr/> <p>vs.</p> <hr/> <p style="text-align: center;">Defendant Employer</p> <hr/> <p style="text-align: center;">Defendant Insurance Carrier</p>	<p>Social Security No. * _____</p> <p>ICA Claim No. _____</p> <p>Ins. Carrier Claim No. _____</p> <p>Date of Injury _____</p>
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Person Requesting Hearing: _____

A hearing is requested on: (Check appropriate box)

Notice of Claim Status dated: _____ MONTH/DAY/YEAR
or

Notice, Award, Order or Decision by The Industrial Commission of Arizona dated: _____ MONTH/DAY/YEAR
or

A.R.S. §23-1061(J) or **Other:** _____

State reason for the request: _____

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

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

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

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.ica.state.az.us

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

(Address of Injured Worker Only) _____ **Telephone No.** _____

City _____ **State** _____ **Zip** _____

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: Street address:	Industrial Commission of Arizona P.O. Box 19070 Phoenix, Arizona 85005-9070 800 W. Washington Street Phoenix, Arizona 85007-2922	Tucson: Office: Industrial Commission of Arizona 2675 E. Broadway Tucson, Arizona 85716-5342
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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.