



INDUSTRIAL COMMISSION OF ARIZONA

REQUEST FOR HEARING

vs. Last Name First Name MI Social Security No. *
 ICA Claim No.
 Defendant Employer Ins. Carrier Claim No.
 Date of Injury
 Defendant Insurance Carrier

Person Requesting Hearing:

A hearing is requested on: (Check appropriate box)

Notice of Claim Status dated:

or

DD / MM / YYYY

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:

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:

Industrial Commission of Arizona

Tucson:

Industrial Commission of Arizona

Mailing address:

P.O. Box 19070

Office:

2675 E. Broadway

Website

Phoenix, Arizona 85005-9070

Tucson, Arizona 85716-5342

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.

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.

Claims ICA 0446-Rev 04.15.25