Court of Administrative Hearings Workers' Compensation Division P.O. Box 64620 St. Paul, MN 55164-0620 651-361-7900

WID NUMBER or SSN

Request for Formal Hearing (under M.S. 176.106 or 176.305)

PRINT IN INK or TYPE ENTER DATES in MM/DD/YYYY FORMAT

DATE(S) OF CLAIMED INJURY

DO NOT USE THIS SPACE

EMPLOYEE		
	VS.	
EMPLOYER		
	AND	
INSURER		
	AND	
ADDITIONAL PARTIES (INCLUDING INT	ERVENORS)	
to process and resolve your workers' cor the Department of Labor and Industry staff You may refuse to supply the data, but if yo made part of the department's file for your		t of Administrative Hearings (CAH) and ed for state investigations and statistics. may be returned to you. The data will be o the file or the data by authorization or
		, requests
	sion on the issues was previously issued by:	,
	. , ,	
		The specific issues in dispute and the
specific reason(s) for disputing the decis		

MN RF03 (6/18) (over) Copies of this request have been served on all parties and their attorneys who are listed with addresses and attorney registration numbers as follows: (attach additional sheet if necessary)

	T		
Employee:	Employee Attorney:		
Employer:	Employer/Insurer Attorney:		
Employer.	Employer/insurer Attorney.		
Insurer:	Other Party (Specify):		
REQUESTOR SIGNATURE	ATTORNEY FOR PARTY SIGNATURE	:	
REQUESTOR SIGNATURE	ATTORNET FOR FARTT SIGNATURE	•	
REQUESTOR PRINTED NAME	ADDRESS		
, , , , , , , , , , , , , , , , , , , ,	IDDITEGO		
DATE	CITY	STATE	ZIP CODE
	ATTORNEY REGISTRATION #	PHONE # (inc	lude area code)
		(2	,

INSTRUCTIONS

This form must be served on each party and each party's attorney, and received by the Court of Administrative Hearings within 30 days after the date the decision was served and filed. Issues and reasons for the request must be specifically listed. For example, a general statement that the prior decision is not in conformity with the Workers' Compensation Act is not a specific statement of the disputed issues.

All requests will be referred to the Court of Administrative Hearings for a formal hearing before a workers' compensation judge.

This material can be made available in different forms, such as large print, Braille or audio. To request, call 651-284-5032 or 800-342-5354.

ANY PERSON WHO, WITH INTENT TO DEFRAUD, RECEIVES WORKERS' COMPENSATION BENEFITS TO WHICH THE PERSON IS NOT ENTITLED BY KNOWINGLY MISREPRESENTING, MISSTATING, OR FAILING TO DISCLOSE ANY MATERIAL FACT IS GUILTY OF THEFT AND SHALL BE SENTENCED PURSUANT TO SECTION 609.52, SUBDIVISION 3.