



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)

Employee:	Employee Attorney:
Employer:	Employer/Insurer Attorney:
Insurer:	Other Party (Specify):

REQUESTOR SIGNATURE	ATTORNEY FOR PARTY SIGNATURE		
REQUESTOR PRINTED NAME	ADDRESS		
DATE	CITY	STATE	ZIP CODE
	ATTORNEY REGISTRATION #	PHONE # (include area code)	

### 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.**