

**State of Utah - Labor Commission
Adjudication Division**

160 East 300 South, 3rd Floor, P.O. Box 146615
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casefiling@utah.gov

Note: PLEASE TYPE OR PRINT IN BLACK INK

<p>Petitioner</p> <hr/> <p>Decedent</p> <hr/> <p>vs. Respondent (employer)</p> <hr/> <p>Respondent's mailing address</p> <hr/> <p>City, State and Zip Code</p> <hr/> <p>Respondent's phone number</p> <hr/> <p>Respondent's workers' comp Insurance Carrier</p> <hr/> <p>Insurance Carrier's mailing address</p> <hr/> <p>City, State and Zip Code</p> <hr/> <p>Insurance Carrier's phone number</p> <hr/>	<p align="center">APPLICATION FOR HEARING-DEPENDENT'S BENEFITS and/or BURIAL BENEFITS Industrial Accident Claim</p> <p>(NOTE: Include all supporting documentation when this form is filed with the Labor Commission or the Application for Hearing may be returned)</p> <p>I request to have a Claims Resolution Conference scheduled to resolve the issues checked below</p> <p align="center">YES NO</p>
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PETITIONER UNDER TITLE 34A APPLIES FOR DEPENDENT'S BENEFITS and/or BURIAL ALLOWANCE, AND ALLEGES:

1. That decedent sustained a fatal injury by accident arising out of and in the course of decedent's employment with the above named employer on the following date:

Month Date Year .

2. The accident occurred as follows:

3. The cause of death was:

4. The decedent's date of death was: Month Date Year

5. At the time of the industrial accident at issue: the decedent's wage was \$ _____ per _____, and decedent was working _____ hours per week. Decedent was _____ was not _____ married and had _____ dependent children.

6. The decedent had the following dependents at the time of the industrial accident at issue:

NAME	RELATIONSHIP	BIRTH DATE	PRESENT ADDRESS	SOCIAL SECURITY NUMBER

Petitioner verifies that the above information is true and correct to the best of petitioner's information and belief.	
Printed Name of Attorney for Petitioner State Bar #	Signature of Petitioner Date
Signature of Attorney for Petitioner	Mailing Address of Petitioner
Mailing Address for Attorney for Petitioner	City/State/Zip Code
City/State/Zip Code	Petitioner's Telephone Number
Telephone Number	Petitioner's Social Security Number
FAX E-Mail Address	Petitioner's E-Mail Address

DOCUMENTS THAT MUST BE FILED WITH APPLICATION FOR HEARING

IMPORTANT: Failure to include completed and signed forms with all requested supporting documentation will result in the Application for Hearing being returned for completion. If the returned Application for Hearing is not completed and re-filed with the requested supporting documents within sixty (60) days, the Application for Hearing will be dismissed.

1. **Decedent's Death Certificate.**
2. Documents supporting dependency relationship with the decedent.
3. Minor Dependents' birth certificates.
4. Guardianship or Conservatorship Documents for Petitioner. (Only required if filing on behalf of minor children other than petitioner's own children).
5. Form 152 Appointment of Counsel. (Only required if petitioner is represented by an attorney).

If you know the name and address of the adjuster or third party administrator that you have dealt with concerning your claim please include that information:

Name of adjuster or third party administrator

Mailing Address for adjuster or third party administrator

City/State/Zip Code

E-mail Address