



# Hearing Request

Mashantucket Pequot Tribal Nation  
Workers' Compensation Commission  
P.O. Box 3060  
Mashantucket, CT 06338-3060  
Phone (860)396-2424 Fax (860)396-2060  
MPTNWCC@mptn-nsn.gov

(W.C.C. use only)

**I hereby request the following hearing in the Mashantucket Workers' Compensation Commission:**

|            |                          |           |                          |                      |                          |
|------------|--------------------------|-----------|--------------------------|----------------------|--------------------------|
| Informal   | <input type="checkbox"/> | Emergency | <input type="checkbox"/> | Stipulation Approval | <input type="checkbox"/> |
| Pre-formal | <input type="checkbox"/> | Formal    | <input type="checkbox"/> | Scarring             | <input type="checkbox"/> |

Reason(s) for Requested Hearing:

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## Injured Worker Information

Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Month Day Year

Address: \_\_\_\_\_  
\_\_\_\_\_  
City/Town State Zip Code

Date of Injury: \_\_\_\_\_ Body Part(s) Injured: \_\_\_\_\_  
Month Day Year

## Attorney or Representative of Injured Worker

Attorney Name: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
City/Town State Zip Code

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Claimant or Representative) Month Day Year

## Employer Information *(check one)*

|  |  |
|--|--|
| <input type="checkbox"/> Mashantucket Pequot Tribal Nation | <input type="checkbox"/> Mashantucket Pequot Gaming Enterprise |
|--|--|