REQUEST FOR COMPLIANCE HEARING

Michigan Department of Labor and Economic Opportunity Workers' Disability Compensation Agency PO Box 30016, Lansing, MI 48909

Type of hearing requeste	☐ Rule 4((2) 🗌 Insura	nce Compliance	Other		
Submitted on behalf of	☐ Employee	e 🗌 Employ	/er ☐ Insura	nce Company	Other	
Name of Employee (Last, First, M		Social Security Number		Plaintiff Attorney		
Employee Street Address			Date of Birth		Plaintiff Attorney Tele. No.	Attorney ID Number
City	State	ZIP Code	Employee Telephon	e Number	Plaintiff Attorney Email Address	
Name of Employer			Carrier or Self-Insured Name		Defendant Attorney	
Employer Street Address			NAIC or Self-Insured	l Number	Defendant Attorney Tele. No.	Attorney ID Number
City	State	ZIP Code	Service Company/TI	A Name (if applicable) Defendant Attorney Email Address		
					<u>.t</u>	
Name of Requester				Telephone Number*		
Street Address*			Email*			
City*	Sta	ate*	ZIP Code*	Signature	Dat	e
* If not listed in upper portion of	f form		l			
LEO is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.				Authority: MCL 418.205; 418.601, <i>et seq.</i> ; R408.34; R408.35 Completion: Voluntary Penalty: None		

Upon submission, the agency will review the evidence presented and determine if a hearing is warranted. This request does not guarantee a hearing will be scheduled.