San Manuel Tribal Court
3214 Victoria Avenue
Highland, CA 92346
Phone: (909) 907-6920

REQUEST FOR HEARING – TRIBAL WORKERS' COMPENSATION

Dispute of Decision of
Claims Administrator

1. Petitioner Name Address/Telephone/Email:	
2. Attorney Name/Address/Telephone/Email/San Manuel Tribal Court Bar Number (Attorney must be admitted to practice in San Manuel Tribal Court):	
3. Agency Name: Claims Administrator	4. Date of Claims Administrator's Decision or Deemed Denial:
5. Statement of Trial Court's Jurisdiction: This Request for Hearing is being filed pursuant to the jurisdiction of the San Manuel Tribal Court to resolve disputes regarding decisions of the Yuhaaviatam of San Manuel Nation (YSMN) Workers' Compensation Claims Administrator as set forth in the YSMN Tribal Workers Compensation Act, YSMN Tribal Code, Chapter 21A.	
6. Describe the Claims Administrator's Decision (or attach a printed copy to this form) Please include a concise statement of the Claims Administrator's decision; include a copy of letter from the Claims Administrator, if available:	
7. Describe the Relief You are Seeking from the Tribal Court Please include the nature of the relief being sought:	
8. Describe the Reasons You are Requesting a Hearing to Dispute the Claims Administrator's Decision:	

I declare under the laws of the Tribe that the foregoing is true and correct.

Petitioner's Signature	Petitioner's Attorney's Signature	Date

Pursuant to the YSMN Tribal Workers' Compensation Act, Petitioner must also file a copy of this Request for Hearing with the YSMN Claims Administrator. The addresses for filing are noted below:

San Manuel Tribal Court
3214 Victoria Avenue
Highland, CA 92346

Claims Administrator Workers' Compensation
777 San Manuel Blvd.
Highland, CA 92346

MUST SEND COPIES TO THE ADDRESSES LISTED ABOVE

*If you need more space, please check this box ☐ to indicate an additional document is attached.