



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

**REQUEST FOR HEARING – GAMING ENTERPRISE WORKERS’ COMPENSATION**  
**Dispute of Decision of**  
**the San Manuel Band of Mission Indians Claims Administrator**

1. Petitioner Name and Title/Petitioner Attorney Name and Title:	
2. Petitioner Address:	
3. Petitioner Telephone Number:	
4. Agency Name: San Manuel Band of Mission Indians - Claims Administrator	5. Date of Claims Administrator's Decision or Deemed Denial:
6. 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 San Manuel Claims Administrator as set forth in <b>1)</b> Section 12.6(b) of the Tribal-State Gaming Compact between the State of California and the San Manuel Band of Mission Indians, effective April 10, 2017, as amended; and <b>2)</b> the San Manuel Gaming Enterprise Workers' Compensation Act, San Manuel Tribal Code, Chapter 21.	
7. 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:	
8. Describe the Relief You are Seeking from the Tribal Court Please include the nature of the relief being sought:	
9. Describe the Reasons You are Requesting a Hearing to Dispute the Claims Administrator's Decision:	

I declare under the laws of the San Manuel Band of Mission Indians that the foregoing is true and correct.

\_\_\_\_\_  
Petitioner's Signature/Petitioner Attorney Signature

\_\_\_\_\_  
Date

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

**San Manuel Tribal Court**

3214 Victoria Avenue  
Highland, CA 92346

**Claims Administrator Tribal First  
Workers' Compensation Administrator**

777 San Manuel Boulevard  
Highland, CA 92346

**MUST SEND COPIES TO THE ADDRESSES LISTED ABOVE**

[Print Form](#) [Clear Form](#)