



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

REQUEST FOR HEARING – TRIBAL 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 Workers’ Compensation Claims Administrator as set forth in the San Manuel Tribal Workers Compensation Act, San Manuel Tribal Code, Chapter 21A.	
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 Tribal 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 Workers' Compensation
Administration**

777 San Manuel Boulevard
Highland, CA 92346

MUST SEND COPIES TO THE ADDRESSES LISTED ABOVE

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