



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 Address/Telephone/Email:	
2. Attorney Name/Address/Telephone/Email/San Manuel Bar Number (Attorney must be admitted to practice in San Manuel Court):	
3. Agency Name: San Manuel Band of Mission Indians - 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 San Manuel Workers' Compensation Claims Administrator as set forth in the San Manuel Tribal Workers Compensation Act, San Manuel 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 San Manuel Band of Mission Indians that the foregoing is true and correct.

 Petitioner's Signature

 Petitioner's Attorney's 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
 777 San Manuel Blvd.
 Highland, CA 92346

MUST SEND COPIES TO THE ADDRESSES LISTED ABOVE