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| --- |
| Hearing Cancellation |
| Today’s Date: |  |  | Case No: |  |  |
| Case Name: |  |  |  |
|  |  |  |
| Date of Hearing: |  |  | Time of Hearing: |  | Location of Hearing: |  |  |
| Attorney or Pro Se Party requesting cancellation |  |  |  | Person submitting the request |  |  |
|  | First Name |  | Last Name |  |
| Email Address: |  | I am the: |  |  |
|  |  | **Check here to certify that you have conferred with the opposing party and that they agree to cancel this hearing** |  |
| Reason for Cancellation: | [ ]  | Issue(s) Resolved |  |
|  | [ ]  | Case Settled |  |
|  | [ ]  | Application/Appeal Withdrawn |  |
|  |
| I hereby certify that I mailed or delivered true and correct copies of the Hearing Cancellation to all parties at the addresses shown below: (A claimant must provide a copy to the employer and the insurer, or their attorney.): |
| Party 1 | First Name |  | MI |  | Last Name |  | Suffix |  |  |
| Company |  |  |
| Address |  |  |
| City |  | State |  | Zip |  | Phone  |  |  |
| E-mail |  | Recipient is the: |  |  |
|  |
| Party 2 | First Name |  | MI |  | Last Name |  | Suffix |  |  |
| Company |  |  |
| Address |  |  |
| City |  | State |  | Zip |  | Phone |  |  |
| E-mail |  | Recipient is the: |  |  |
|  |  |
|  |  |  |  |  |
|  | Signature of person submitting document |  | Date served | Rev 3/15 |