



Please submit your administrative hearing request through your provider portal <https://dlbc.utah.gov> (under "Request for Administrative Hearing" left side menu option) within 15 calendar days from the date of the agency action. For a Notice of Emergency Agency Action (NEAA), your request must be submitted within 5 calendar days from the date of the agency action. Reasonable accommodations in accordance with the Americans with Disabilities Act are available with a minimum of 3 calendar days advanced notice.

Requestor information

| | | | |
|----------------------|-------|--------------|--|
| Facility/agency name | | | |
| Name | | Email | |
| Mailing address | | Phone number | |
| City | State | ZIP code | |

Reason for request

(to select more than one value: PC users hold the CTRL key down, MAC users hold the command key down)

If "other" is selected,
please explain.

Explanation of request
(attach additional pages if needed)

Number of pages attached

Signature

| | |
|---------------------|------|
| Requestor signature | Date |
|---------------------|------|

Legal representative information

You may represent yourself at the hearing, but if you wish to have another individual represent you, including an attorney (at your own expense), please provide the following information:

| | | |
|-----------------------------------|--|--------------|
| Do you have legal representation? | <input type="radio"/> No <input type="radio"/> Yes | Firm name |
| Attorney or representative name | | Phone number |
| Mailing address | | City |
| State | ZIP | Email |