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| Hearing Cancellation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Today’s Date: | | | | | |  | | | | | | | |  | | | | Case No: | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | |
| Case Name: | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | |
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| 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|  | | | | | | | | |  | | | | Application/Appeal Withdrawn | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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| 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: | | | | | | | | | |  | | | | | | | |  | | |
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|  | | | Signature of person submitting document | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | Date served | | | | | | | | | Rev 3/15 | | |