

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
DIVISION OF LABOR AND MANAGEMENT

123 W. Missouri Ave. Pierre, South Dakota 57501
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_____ ,

Claimant,

PETITION FOR HEARING

vs.

_____ ,

Employer,

and

_____ ,

Insurer.

COMES NOW, _____ ,

Claimant in the above matter, respectfully shows and alleges as follows:

I.

That on or about the _____ day of _____, _____, and for some time prior thereto, Claimant was employed by _____ in _____, South Dakota.

II.

That the Employer was insured on the date of injury listed below under the Workers' Compensation laws of the State of South Dakota with the Insurer above named.

III.

That on or about the _____ day of _____, _____, while Claimant was employed by _____ Claimant suffered an injury to

_____, all of which arose out of and in the course of his or her employment with said Employer, In the manner following:

IV.

That thereafter and within less than three (3) days after the injury the Employer had actual knowledge of Claimant's injury.

V.

That the injury described above has caused Claimant to suffer the following disability or disabilities:

WHEREFORE, Claimant requests that a hearing be had on the claim and that upon such hearing an award of worker's compensation benefits be made for any and all benefits to which Claimant is entitled under the South Dakota Workers' Compensation Act.

Dated this _____ day of _____, _____.

Petitioner's name, address, and phone number:

Email Address: _____

Social Security Number: _____

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