



DIVISION OF OCCUPATIONAL  
AND PROFESSIONAL LICENSING  
Heber M. Wells Building  
160 East 300 South, Box 146741  
Salt Lake City, Utah 84114-6741  
Telephone: (801) 530-6945 or (801) 530-6990  
FAX: (801) 530-6511

**NOTICE OF AVAILABILITY FOR HEARING  
AND TYPE OF HEALTH CARE PROVIDER PANELIST(S) REQUESTED**

**Case Name:** (Petitioner) \_\_\_\_\_  
vs.  
(Respondent) \_\_\_\_\_

**Case No.:** PR - \_\_\_\_\_

**Dates Available for Hearing (Must be at least 45 days after the filing of this Notice)**

1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_

**In order to comply with directive from the Governor pertaining to budget cuts, times Available for Hearing will now be chosen by the Division. Your cooperation will be greatly appreciated. Please contact the Division if you do need a specific time slot to make arrangements.. (Hearings are two hours in length)**

**Confirmed With:**

Attorney \_\_\_\_\_ For \_\_\_\_\_

Attorney \_\_\_\_\_ For \_\_\_\_\_

Attorney \_\_\_\_\_ For \_\_\_\_\_

**Types of Health Care Provider Panelists Requested (Must be in accordance with §§78B-3-416(4)(b))**

Name of Respondent \_\_\_\_\_ Specialty \_\_\_\_\_

Name of Respondent \_\_\_\_\_ Specialty \_\_\_\_\_

Name of Respondent \_\_\_\_\_ Specialty \_\_\_\_\_

I \_\_\_\_\_, Counsel for \_\_\_\_\_ or  
Pro Se, being first duly sworn, declare under penalty of perjury that, except where contact has been waived, I have contacted all parties or counsel for the parties in the above named matter and they have agreed to appear for a prelitigation hearing on either of the two dates listed above and agree with the type of panelist(s) requested. **The dates will be held available for five working days from the date this Notice is filed.**

Title: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC