



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 _____

*****The Division will be returning to a Monday-Friday 8:00am until 5:00pm schedule effective September 6, 2011.*****

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