



**UTAH DEPARTMENT
OF COMMERCE**
Division of 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**

**** You must submit emails of those attending the electronic hearing at least two weeks prior to the hearing date****

Case Name: (Petitioner) _____
vs.
(Respondent) _____

Case No.: PR - _____

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

1st Choice _____ 2nd Choice _____

*****If you do not specify a time, we will chose one for you. Hearings start as early as 9:00 am and as late at 3:00pm*****
*****No Hearings will be held the weeks of Thanksgiving, Christmas and New Year's, and all Federal Holidays*****

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 _____
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