

Hearing Request

Administrative Director

Division of Worker's Compensation

1515 Clay Street, Suite 1800

Oakland, CA 94612

(Two copies via hand delivery)

Hearing Request

Department of Industrial Relations

Officer of Director

Anti-Fraud unit

1515 clay Street, Suite 1700

Oakland, CA 94612

Request for a hearing on Notice of Provider Suspension

My name is Eduardo Abad.

I live at .... ~~603~~ 230 EDDY ST. APT. 603  
SF CA 94102

Labor Code section 139.21(a)(1) is not applicable to me because I am not a physician, practitioner or provider

My benefits should not be suspended

Please do not suspend my benefits. In the alternative, I would like a hearing.

Eduardo Abad

