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| STATE OF COLORADO |  |
| OFFICE OF ADMINISTRATIVE COURTS |
| 1525 Sherman Street, 4th Floor, Denver, CO 80203  |
|  |
| In the Matter of the Workers’ Compensation Claim of: |
|  |
|  |
| Claimant, |
|  |
| vs. | 🟂 **COURT USE ONLY** 🟂 |
|  |  |
|  | **CASE NUMBER:** |
| Employer, and |  |
|  |
|  |
| Insurer, Respondents. |
|  |  |
| **PETITION TO REVIEW** |

TO THE DENVER OFFICE OF ADMINISTRATIVE COURTS:

The ( [ ]  claimant/ [ ]  employer/ [ ]  insurance carrier) petitions to review the order of the Administrative Law Judge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ALJ) mailed or served on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date). No transcript is requested.

Petitioner objects to the Findings of Fact, Conclusions of Law, and Order of the ALJ on the following ground(s):

*(Set forth in detail the particular alleged errors and your objections to the order. Attach additional pages as necessary):*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| X |  |  |  |  |
|  | Signature  |  | Attorney Registration Number  |  |
| First Name |  | MI |  | Last Name |  | Suffix |  |  |
| E-mail |  | Representing |  |  |

*(This Petition to Review must be filed with the Denver Office of Administrative Courts. A Petition to Review filed in another office of the OAC will not be accepted for filing.*

|  |
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| **CERTIFICATE OF SERVICE** |
| I hereby certify that I mailed or delivered true and correct copies of this PETITION TO REVIEW to all parties at the addresses shown below.  |
| Opposing Party 1 or their Representative |
| First Name |  | MI |  | Last Name |  | Suffix |  |  |
| Company |  |  |
| Address |  |  |
| City |  | State |  | Zip |  | Phone  |  |  |
| E-mail |  | Representing |  |  |
|  |
| Opposing Party 2 or their Representative: |
| First Name |  | MI |  | Last Name |  | Suffix |  |  |
| Company |  |  |
| Address |  |  |
| City |  | State |  | Zip |  | Phone  |  |  |
| E-mail |  | Representing |  |  |
|  |
|  |  |  |  |
| Signature |  | Date served | REV 3/15 |