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| --- | --- |
| STATE OF COLORADO |  |
| OFFICE OF ADMINISTRATIVE COURTS |
|  |
|  |  |
|  | In the Matter of the Workers’ Compensation Claim of: |
|  |  |
|  |  | , |
|  | Claimant, |  |
|  |  |  |
|  | vs. |  | 🟂 **COURT USE ONLY** 🟂 |
|  |  |  |  |
|  |  | , | **CASE NUMBER:** |
|  | Employer, and |  | **WC**  |  |  |
|  |  |  |
|  |  | , |
|  | Insurer, Respondents. |  |
|  |  |  |  |  |
| REQUEST FOR SPECIFIC FINDINGS OF FACTAND CONCLUSIONS OF LAW |

**TO THE OFFICE OF ADMINISTRATIVE COURTS AND ALJ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

The ( [ ]  Claimant/ [ ]  Employer/ [ ]  Insurer) is dissatisfied with the Summary Order of the Administrative Law Judge that was served on the parties on \_\_\_\_\_\_\_\_\_\_\_\_\_ (date). It is requested that a full order containing specific findings of fact and conclusions of law issue pursuant to Section 8-43-215, C.R.S.

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

|  |
| --- |
| **CERTIFICATE OF SERVICE** |
| I hereby certify that I mailed or delivered true and correct copies of Request for Specific Findings of Fact and Conclusion of Law 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 Mailed | REV 3/15 |