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| OFFICE OF ADMINISTRATIVE COURTS | | | | | | | | | | | | | | | | | | | | | | |
| Choose an item. | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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| Claimant, | | | | | | | | | | | | | | | | | | | | | | |
| vs. | | | | | | | | | | | | | | | | | | | | | | | 🟂 **COURT USE ONLY** 🟂 | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | **WC NUMBER:** | | | | |
| Employer, and | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |
| Insurer, Respondents. | | | | | | | | | | | | | | | | | | | | | | |
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| **ORDER STATUS REQUEST** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A hearing was held on | | | | |  | | | In the above referenced matter before ALJ | | | | | | | | | | | | | |  | | | | | . |
|  | | | | | *Hearing Date* | | |  | | | | | | | | | | | | | | *Name of Hearing ALJ* | | | | |  |
| All post evidentiary submissions have been filed as of | | | | | | | | | | | | |  | | | | | | . |  | | | | | | |  |
|  | | | | | | | | | | | | | *Date Filed* | | | | | |  |  | | | | | | |  |
| The below referenced parties are requesting a status of the order. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  |  | |  |  | | | | | | | | | | | | | | | | | |
|  |  | I hereby certify that I mailed or delivered true and correct copies of the **ORDER STATUS REQUEST** to all parties at the addresses shown below: (A claimant must provide a copy to the employer and the insurer, or their attorney.): | | | | | | | | | | | | | | | | | | | | | | | | | |
| Party 1 | | | First Name |  | | | | | | | MI |  | | Last Name |  | | | | | | | | | Suffix |  | |  |
| Company |  | | | | | | | | | | | | | | | | | | | | | | |  |
| Mailing Address |  | | | | | | | | | | | | | | | | | | | | | | |  |
| E-mail |  | | | | | | | | | | | | | Recipient is: | | | | |  | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Party 2 | | | First Name |  | | | | | | | MI |  | | Last Name: |  | | | | | | | | | Suffix |  | |  |
| Company |  | | | | | | | | | | | | | | | | | | | | | | |  |
| Address |  | | | | | | | | | | | | | | | | | | | | | | |  |
| E-mail |  | | | | | | | | | | | | Recipient is: | | | | |  | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | |  |
| Party 3 | | | First Name |  | | | | | | | MI |  | | Last Name: |  | | | | | | | | | Suffix |  | |  |
| Company |  | | | | | | | | | | | | | | | | | | | | | | |  |
| Mailing  Address |  | | | | | | | | | | | | | | | | | | | | | | |  |
| E-mail |  | | | | | | | | | | | | Recipient is: | | | | |  | | | | | |  |
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