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| STATE OF COLORADO | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
| OFFICE OF ADMINISTRATIVE COURTS | | | | | | | | | | | | | | | | | | |
| 1525 Sherman Street, Denver, CO 80203 | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |  | |
| Claimant, | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | 🟂 **COURT USE ONLY** 🟂 | | | | | | | | |
| vs. | | | | | | | | | | | | | | | | | | | **WC NUMBER:** | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |  | |  | |  | | | | | |  |
| Employer, and | | | | | | | | | | | | | | | | | | |  | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |  | | **DATE OF INJURY:** | | | | | | | | |
| Respondent. | | | | | | | | | | | | | | | | | | |  | |  | | | | | |  |
| **RESPONSE TO** | | | | | |  | | | | | APPLICATION FOR HEARING | | | | | | | | | | | | | | | | |
|  | | | | | | Date of Application for Hearing | | | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | |  | | |  | | | | | | | | | | | | | | | |  | |
| **A.** | | | **Response to Application for Hearing**: | | | | | | Filed by or for | | |  | | | | | | | | | | | | | | (Print Name of Party) | |
|  | | | | | | | | | |  | | | | | | | | | |  | |  | | | | | |
| In addition to the issues marked on the Application for Hearing, the following issues shall be considered at the hearing: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | Compensability | | |  | | | | |  |  | | Temporary Total Benefits from | | | | | | | | | | | |
|  | | | |  |  | | |  | | | | |  | | | | |  | | | | | | | | | |
|  | | | |  | Medical Benefits | | | | | | | | | |  | | | | | | to |  | | Ongoing | | | |
|  | | | |  | Authorized provider | | | | | | | | | | | | | | | | | |  | |  | |  |
|  | | | |  | Reasonably necessary | | | | | | | |  |  | | Temporary Partial Benefits from | | | | | | | | | | |  |
|  | | | |  |  | | | | | | | | | | | | | | | | | |  | |  | |  |
|  | | | |  | Average Weekly Wage | | | | | | | | | |  | | | | | | to |  | | Ongoing | | | |
|  | | | |  |  | | | | | | | | | | | | | | | | | |  | |  | |  |
|  | | | |  | | | | | | | | |  | |  | | | | | | | | | | | | |
|  | | | |  | Petition to Reopen Claim | | | | | | | |  |  | | Permanent Partial Disability Benefits | | | | | | | | | | | |
|  | | | |  |  | | | | | | | |  |  | |  | | | | | | | | | | | |
|  | | | |  | Disfigurement | | | | | | | |  |  | | Permanent Total Disability Benefits | | | | | | | | | | | |
|  | | | |  |  | | | | | | | |  |  | |  | | | | | | | | | | | |
|  | | | |  |  | | | | | | | |  |  | | Death Benefits | | | | | | | | | | | |
|  | | | |  |  | | | | | | | |  |  | |  | | | | | | | | | | | |
|  | | | |  | Penalties: Describe with specificity the grounds on which a penalty is asserted, including the order, rule or section of the statute allegedly violated, and the dates on which you claim the violation began and ended. | | | | | | | | | | | | | | | | | | | | | | |
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|  | |  | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | |  | Other issues to be heard at this hearing are (such as maximum medical improvement, termination of benefits, etc): | | | | | | | | | | | | | | | | | | | | | |  |
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| Witnesses to be called at the hearing or by deposition: List names and addresses: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 2. | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 3. | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 4. | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 5. | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 6. | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | (Attach additional pages if necessary) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **B.** | **Signature**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **X** |  | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | |  |
|  | Signature | | | | | | | | | | | | | | | | | | | | |  | | | Attorney Registration Number | | | | | | | | | | | | | | |  |
| First Name | | | |  | | MI | |  | | | Last Name: | | | | | | |  | | | | | | | | | | | | | | | Suffix | |  | | |  | | |
| Company | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| Address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| City | | | |  | | | | | | | | State | |  | | | | | Zip | | | |  | | | | | Phone | |  | | | | | | | |  | | |
| E-mail | | | |  | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **C.** | **Certificate of Mailing** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby certify that I mailed or delivered true and correct copies of the RESPONSE TO APPLICATION FOR HEARING 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 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Address | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| City | |  | | | | State | | | |  | | | | Zip | | |  | | | | | | | | | Phone | |  | | | | | |  | | | |
| E-mail | |  | | | | | | | | | | Recipient is the: | | | | | | | | | | | |  | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Party 2 | | | First Name | |  | | MI | |  | | | Last Name | | | |  | | | | | | | | | | | | | | | | Suffix | |  | | |  | | | |
| Company | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Address | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| City | |  | | | | State | | | |  | | | | Zip | | |  | | | | | | | | | Phone | |  | | | | | |  | | | |
| E-mail | |  | | | | | | | | | | Recipient is the: | | | | | | | | | | | |  | | | | | | | | | |  | | | |
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|  | | | Signature of person serving the document | | | | | | | | | | | | | | | | | |  | | | | | Date served | | | | | | | | | | Rev 3/17 | | | | |