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| **Hearing Confirmation** |
| Workers’ Comp. Hearing Dates | **http://www.colorado.gov/oac/available-hearing-dates** |
| Today’s Date: |  |  | **WC No:** |  |  |
| Claimant’s Name: |  | Application Date: |  |  |
| If this is a continuation of a previously held hearing, please enter the name of the presiding Judge: |  | *Is this for a Reset?* | [ ]  | Yes | [ ]  | No |  |
| Date of Hearing: |  |  | Time of Hrng: |  | Location of Hrng: |  |  |
| *Attorney or Pro Se party confirming the hearing date:* |  |  |  |  |
|  | First Name |  | Last Name |  |
| *Staff Person submitting confirmation* |  | Email: |  |  |
| Representing: | [ ]  | Claimant | [ ]  | Respondent (Specify which)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |
| I hereby certify that I mailed or delivered true and correct copies of the Hearing Confirmation 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: |  |  |
|  |
| Party 2 | First Name |  | MI |  | Last Name: |  | Suffix |  |  |
| Company |  |  |
| Address |  |  |
| City |  | State |  | Zip |  | Phone |  |  |
| E-mail |  | Recipient is: |  |  |
|  |  |
|  | **NOTICE:** The Office of Administrative Courts will send a Notice of Hearing to attorneys for a party in this action, and to unrepresented parties **by e-mail**. Please contact the Office of Administrative Courts if you have not received a copy of the notice of hearing within 45 days of the hearing date. |  |
|  |  |  |  |  |
|  | Signature of person submitting request |  | Date served | Rev 2/15 |