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| State of Colorado | | | | | | | |
| Office of Administrative Courts | | | | | | | |
| ☐ 1525 Sherman St., 4th Floor, Denver, CO 80203 Email: oac-dvr@state.co.us☐ 2864 S. Circle Dr, Ste 810, Colo. Springs, CO 80906 Email: oac-csp@state.co.us☐ 222 S. 6th Street, Suite 414, Grand Jct., CO 81501 Email: oac-gjt@state.co.us | | | | | | | |
| Workers’ Compensation Hearing Confirmation | | | | | | | |
| Today’s Date: | | | WC Number: | | | | |
| Case Name: | | | | | Application Date: | | |
| If this is a continuation of a previously held hearing, enter the name of the presiding ALJ: | | | | | | | |
| Is this for a rescheduled hearing? | | ☐ Yes | | | | ☐ No | |
| Hearing Date: | | Hearing Time: | | | | Hearing Location: | |
| Attorney or Pro Se Party confirming hearing date: | | | | | | | |
| Email: | | | | | | |  |
| Representing: | ☐ Claimant | | | ☐ Respondent (Specify which): | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Certificate of Service or Mailing** | | | | | | | | |
| 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: | | Last Name: | | | | | |
| Company: | | | | | | | |
| Address: | | | | | | | |
| City: | State: | | Zip: | | | Phone: | |
| Email: | | | | | | | |
| Party 2 | | First Name: | | Last Name: | | | | | |
| Company: | | | | | | | |
| Address: | | | | | | | |
| City: | State: | | Zip: | | | Phone: | |
| Email: | | | | | | | |
|  | |  | | | |  |  | |  |
|  | | Signature of person serving document | | | |  | Date served | | Revised 6/25 |