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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 |