| STATE OF COLORADO |  |
| --- | --- |
| OFFICE OF ADMINISTRATIVE COURTS |
| Choose an item. |
|  |  |  |  |
| Claimant, |
|  |
|  | 🟂 **COURT USE ONLY** 🟂 |
| vs. | **WC NUMBER:** |
|  |  |  |  |  |  |
| Employer, and |  |
|  |  |  | **DATE OF INJURY:** |
| Respondent. |  |  |  |
|  |  |
| **APPLICATION FOR HEARING - DISFIGUREMENT ONLY (RULE 10, OACRP)** |
|  |
| The claimant requests a determination of additional compensation for permanent disfigurement. Section 8-42-108, C.R.S. Disfigurement will be the only issue determined at the hearing and the claimant will be the only witness, unless a response is filed adding affirmative defenses and listing additional witnesses. |
|  |
| The opposing party may file a response to this Application for Hearing - Disfigurement Only within 10 days of the mailing or delivery of this Application for Expedited Hearing.The Office of Administrative Courts will set the matter for hearing and send a written Notice of Hearing to the parties. |
|  |
|  |  |
| **X** |  |  |  |  |
|  | Signature  |  | Attorney Registration Number  |  |
| First Name |  | MI |  | Last Name: |  | Suffix |  |  |
| Company |  |  |
| Address |  |  |
| City |  | State |  | Zip |  | Phone  |  |  |
| E-mail |  |  |
|  |

| I hereby certify that I mailed or delivered true and correct copies of the **APPLICATION FOR HEARING - DISFIGUREMENT ONLY (RULE 10, OACRP)** 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: |  |  |
|  |  |
|  |  |  |  |  |
|  | Signature of person serving document |  | Date served | Rev 3/17 |