State of Colorado			
Office of Administrative Courts			
☐ 1525 Sherman St., 4 th 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. 6 th Street, Suite 414, Grand Jct., CO 81501 Email: oac-gjt@state.co.us			
Claimant,			▲ Court Use Only ▲
v.			WC Number:
Employer/Respondent, and			
			Date of Injury:
Insurer/Respondent.			
Interpreter Request			
☐ I am filing this along with an Application for Hearing Form.			
☐ I am requesting an interpreter for the following scheduled hearing:			
Hearing Date: Start Time: Hearing Location:			
Please check the box below that best describes the type of interpreter you are requesting.			
I have limited English proficiency (LEP) and require an interpreter for the following language:			
☐ Spanish ☐ Russian ☐ French ☐ Korean ☐ Vietnamese			
☐ Other			
I am requesting a reasonable accommodation under the Americans With Disabilities Act (ADA).			
I am requesting:			
☐ American Sign Language (ASL) Interpreter ☐ Communication Access Real Time Translation (CART)			
☐ Other			
Person Requesting an Interpreter (If submitted for another person, indicate the person requiring assistance):			
First Name: Last Name:			
Company:		Role:	
Email		Phone:	
If you are submitting this form and you are not the person identified above, please provide the following information:			
First Name: Last Name:			
Company:		Role:	
Email		Phone:	