| **STATE OF COLORADO** |  |
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| **OFFICE OF ADMINISTRATIVE COURTS** |
| 1525 Sherman St., 4th Floor Denver, Colorado 80203 |
|  |
| In the Matter of the Workers’ Compensation Claim of: |
|  |
|  |
| Claimant, |
|  |
| vs. | 🟂 **COURT USE ONLY** 🟂 |
|  |  |
|  | **CASE NUMBER:** |
| Employer, and |  |
|  |
|  |
| Insurer, Respondents. |
|  |  |
| **PETITION TO REVIEW** | |

TO THE OFFICE OF ADMINISTRATIVE COURTS AND ADMINISTRATIVE LAW JUDGE :

The ( claimant/ employer/ insurance carrier) petitions to review the order of the Administrative Law Judge (ALJ) issued on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mo/day/yr). No transcript is requested.

Petitioner objects to the Findings of Fact, Conclusions of Law, and Order of the ALJ on the following ground(s):

*(Set forth in detail the particular alleged errors and your objections to the order. You may attach additional pages):*

**CERTIFICATE OF SERVICE**

I hereby certify that a copy of this document has been mailed to the ALJ and to the following parties, at the addresses shown and on the date below:

| ALJ: |  |  | Opposing Party or Attorney: |
| --- | --- | --- | --- |
| **Office of Administrative Courts** | |  |  |
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| Mailed on the \_\_\_\_\_\_ day of | |  | Signature of Petitioner or Attorney |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_. | |  |  |
|  | |  | Petitioner’s Name and Address (Printed) |
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