

STATE OF COLORADO OFFICE OF ADMINISTRATIVE COURTS 1525 Sherman St, 4th Floor Denver, Colorado 80203	<p style="text-align: center;">▲ COURT USE ONLY ▲</p> <p>CASE NUMBER:</p>
In the Matter of the Workers' Compensation Claim of: Claimant, VS. Employer, and Insurer, Respondents.	
PETITION TO REVIEW	

TO THE OFFICE OF ADMINISTRATIVE COURTS AND ALJ :

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: _____
Office of Administrative Courts

Opposing Party or Attorney:

Mailed on the _____ day of _____, 20____.

Signature of Petitioner or Attorney

Petitioner's Name and Address (Printed)
