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| STATE OF COLORADO |  |
| OFFICE OF ADMINISTRATIVE COURTS |
| [ ]  | 1525 Sherman Street, 4th Floor, Denver, CO 80203 Fax: (303) 866-5909 |  |
| [ ]  | 2864 S. Circle Dr., Suite 810, Colo. Springs, CO 80906 Fax: (719) 576-2978 |
| [ ]  | 222 S. 6th Street, Suite 414, Grand Jct., CO 81501 Fax: (970) 248-7341 |
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| Claimant, |
|  | 🟂 **COURT USE ONLY** 🟂 |
| vs.  | **WC NUMBER:** |
|  |  |  |  |  |  |
| Employer, and |  |
|  |  |  | **DATE OF INJURY:** |
| Respondent. |  |  |  |
|  |  |
| **APPLICATION FOR HEARING** |
|  |  |  |  |  |
| **A.** | **Application for Hearing**: | Filed by or for: |  |  |
|  | (Print Name of Party) |  |
| It is requested that this matter be set for hearing in (check one): | **[ ]**  | Colorado Springs | **[ ]**  | Denver |  |
| **[ ]**  | Durango | **[ ]**  | Glenwood Spgs | **[ ]**  | Grand Jct. | **[ ]**  | Greeley | **[ ]**  | Pueblo |  |  |
|  |
|  | **[ ]**  | Check here to certify that you have attempted to resolve with the other parties all issues listed on the application for hearing (Section 8-43-211(4), C.R.S.) |
|  |
|   | **[ ]**  | Check here if compensability is contested, or if this hearing is requested in response to a final admission of liability or to contest a conclusion in a Division sponsored independent medical examination. |
| The following issues shall be considered at the hearing: |
|  |
|  | **[ ]**  | Compensability |  |  | **[ ]**  | Temporary Total Benefits from |
|  |  |  |  |  |  |
|  | **[ ]**  | Medical Benefits |  | to |  | **[ ]  Ongoing** |
|  | **[ ]**  | Authorized provider |  |  |  |
|  | **[ ]**  | Reasonably necessary |  | **[ ]**  | Temporary Partial Benefits from |  |
|  |  |  |  |  |  |
|  | **[ ]**  | Average Weekly Wage |  | to |  | **[ ]  Ongoing** |
|  |  |  |  |
|  | **[ ]**  | Petition to Reopen Claim |  | **[ ]**  | Permanent Partial Disability Benefits |
|  |  |  |  |  |  |
|  | **[ ]**  | Disfigurement |  | **[ ]**  | Permanent Total Disability Benefits |
|  |  |  |  |  |  |
|  |  |  |  | **[ ]**  | Death Benefits |
|  |  |  |  |  |  |
|  | **[ ]**  | Penalties: Describe with specificity the grounds on which a penalty is asserted, including the order, rule or section of the statute allegedly violated, and the dates on which you claim the violation began and ended.*(Attach additional pages as needed)* |
|  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **[ ]**  | Other issues to be heard at this hearing are (such as maximum medical improvement, termination of benefits, etc) *(Attach additional pages as needed)*: |  |
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| Witnesses to be called at the hearing or by deposition: List names and addresses: |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
|  | (Attach additional pages as necessary) |  |
| **B.** | **Request for the OAC to Set the Matter for Hearing Rule 8(H) OACRP:** |
|  | If you are not represented by an attorney and would like the Office of Administrative Courts to set this case for  |
|  | you, please check here:  | **[ ]**  | Complete Sections C and D. |
|  |  |  |  |  |
| The undersigned will contact the Office of Administrative Courts, at [www.colorado.gov/oac](http://www.colorado.gov/oac), to obtain dates for hearing. The applicant shall confer with the opposing parties and file a written confirmation with the OAC. |
|  |
| **C.** | **Signature**: |
| **X** |  |  |  |  |
|  | Signature  |  | Attorney Registration Number  |  |
| First Name |  | MI |  | Last Name |  | Suffix |  |  |
| Company |  |  |
| Address |  |  |
| City |  | State |  | Zip |  | Phone  |  |  |
| E-mail |  |  |
|  |
| **D:** | **Certificate of Mailing** |
| I hereby certify that I mailed or delivered true and correct copies of the APPLICATION FOR HEARING 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 submitting request |  | Date served | Rev 3/15 |