

**STATE OF COLORADO
OFFICE OF ADMINISTRATIVE COURTS**

Claimant,

vs.

Employer, and

Respondent.

▲ **COURT USE ONLY** ▲

WC NUMBER:

DATE OF INJURY:

RESPONSE TO _____ APPLICATION FOR HEARING

Date of Application for Hearing

A. Response to Application for Hearing: Filed by or for _____ (Print Name of Party)

In addition to the issues marked on the Application for Hearing, the following issues shall be considered at the hearing:

Compensability

Medical Benefits

Authorized provider

Reasonably necessary

Average Weekly Wage

Petition to Reopen Claim

Disfigurement

Temporary Total Benefits from

_____ to _____ Ongoing

Temporary Partial Benefits from

_____ to _____ Ongoing

Permanent Partial Disability Benefits

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.

Other issues to be heard at this hearing are (such as maximum medical improvement, termination of benefits, etc):

Witnesses to be called at the hearing or by deposition: List names and addresses:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

(Attach additional pages if necessary)

D. Signature:

X _____
Signature Attorney Registration Number

First Name _____ MI ____ Last Name: _____ Suffix _____

Company _____

Address _____

City _____ State ____ Zip _____ Phone _____

E-mail _____ I am the: _____

E: Certificate of Mailing

I hereby certify that I mailed or delivered true and correct copies of the RESPONSE TO 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 document

Date served