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| STATE OF COLORADO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| OFFICE OF ADMINISTRATIVE COURTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Choose an item. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
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| Claimant, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| vs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 🟂 **COURT USE ONLY** 🟂 | | | | | | | | | | | | |
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| Employer, and | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
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| Insurer, Respondents. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ENTRY OF APPEARANCE/SUBSTITUTION OF COUNSEL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| You are hereby notified that the undersigned attorney is entering his/her appearance in the above-captioned matter before the Office of Administrative Courts, pursuant to Rule 8(G), O.A.C.R.P. I am representing the following client(s): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Choose an item. | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |
|  |  | |  | | | | Party Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  |
| If substituting as counsel, enter former counsel’s name: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | Signature | | | | | | | | | | | | | | | | | | | | | | | |  | Attorney Registration Number | | | | | | | | | | | | | | |  |
| First Name | | | | |  | | | MI |  | | Last Name: | | | | | |  | | | | | | | | | | | | | | | | | Suffix | | |  | | | | |  |
| Company | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| City | | | | |  | | | | | | State | | |  | | | | | Zip | | | |  | | | | | Phone | | | | |  | | | | | | | | |  |
| E-mail | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| I hereby certify that I mailed or delivered true and correct copies of the ENTRY OF APPEARANCE 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 | | |  | |  | |
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| Address | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| City | |  | | | | | | State | | | | | |  | | | | Zip | |  | | | | | | | | Phone | | |  | | | | | |  | |
| E-mail | |  | | | | | | | | | | | | | | Recipient is the: | | | | | | | | | | |  | | | | | | | | | |  | |
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| Party 2 | | | | First Name | |  | | | | MI | |  | | | Last Name | | | | | |  | | | | | | | | | | | | | | | Suffix | | |  | |  | |
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| City | |  | | | | | | State | | | | | |  | | | | Zip | |  | | | | | | | | Phone | | |  | | | | | |  | |
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|  | | | | Signature of person serving request | | | | | | | | | | | | | | | | | | | | |  | | | | Date served | | | | | | | | | Rev 3/17 | | | | |