State of Colorado

Office of Administrative Courts

☐ 1525 Sherman St., 4th Floor, Denver, CO 80203 Email: oac-dvr@state.co.us

☐ 1330 Inverness Drive, Suite 330, Colo. Springs, CO 80910 Email: oac-csp@state.co.us

☐ 222 S. 6th Street, Suite 414, Grand Jct., CO 81501 Email: oac-gjt@state.co.us

_____

Claimant,

v.

_____

Employer/Respondent, and

_____

Insurer/Respondent.

▲ **Court Use Only** ▲

WC Number:

_____

Date of Injury:

_____

Amendment to _____ **Application for Hearing**

Date of Application for Hearing

You must complete all sections of Application (Sections A, B, C, & D)

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):

☐ Denver ☐ Colorado Springs ☐ Grand Junction ☐ Pueblo ☐ Glenwood Springs

☐ Check here to certify that you have attempted to resolve with the other parties all issues listed on the application for hearing as required by 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 (DIME).

Issues identified for hearing (select all that apply):

☐ Compensability (whether claimant sustained a work injury)

☐ Medical Benefits

☐ Authorized Provider

☐ Temporary Total Disability Benefits

☐ Temporary Partial Disability Benefits

☐ Average Weekly Wage

☐ Permanent Partial Disability Benefits

☐ Permanent Total Disability Benefits

☐ Petition to Reopen Claim

☐ Disfigurement

☐ 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. (Section 8-43-304(4), C.R.S.)*(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)*:

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

	Name	Address
1.		
2.		
3.		
4.		

(Attach additional pages as necessary)

B. Setting Case for Hearing

☐ I am not represented by an attorney and would like the Office of Administrative Courts to set a hearing for me. (Rule 8(D) OACRP).

☐ The undersigned will contact the Office of Administrative Courts, at www.colorado.gov/oac, to obtain dates for a hearing. The applicant shall confer with the opposing parties and file a written hearing confirmation form with the Office of Administrative Courts.

Complete Sections C and D

C. Signature of Party or Attorney

X _____ _____

Signature | Attorney Registration Number (if applicable)

First Name:		Last Name:	
Company:			
Address:			
City:	State:	Zip:	Phone:
E-mail:			

D: Certificate of Service or Mailing

I hereby certify that I mailed or delivered true and correct copies of the Amended 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:		Last Name:	
	Company:			
	Address:			
	City:	State:	Zip:	Phone:
	E-mail:			
Party 2	First Name:		Last Name:	
	Company:			
	Address:			
	City:	State:	Zip:	Phone:
	E-mail:			

_____ _____

Signature of person serving document | Date served

Revised 5/25