

**State of Colorado****Office of Administrative Courts**

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**Audio Recording Request**

Today's Date:

W.C. Number:

Case Name:

Party Making Request:

Hearing Date:

Hearing Location:

Courtroom (if applicable):

Is this a Workers' Compensation hearing ☐ Yes ☐ NoVideo Hearing? ☐ Yes ☐ No

Hearing Start Time:

Hearing End Time:

Judge:

**Requests for written transcripts will be forwarded to an outside transcription service for preparation. If requesting a transcript, you must provide the name and address of the transcriptionist or court reporter to whom OAC will send a copy of the recording.**

I am requesting a copy of:

- ☐ Recording of the hearing only. (audio link to be provided).
- ☐ Written transcript of the hearing only.
- ☐ Both the recording and written transcript of the hearing.

Transcriptionist Name:

Transcriptionist Address:

By signing this request, I acknowledge that the filing of this form with the Office of Administrative Courts **does not** constitute filing an appeal of this case. I further acknowledge that if this request is in conjunction with a Worker's Compensation Petition to Review or other form of Appeal that additional filing requirements may need to be met pursuant to any and all applicable statutes or rules of the agency/department involved.

**X**\_\_\_\_\_  
Signature\_\_\_\_\_  
Attorney Registration Number (if applicable)

First Name:

Last Name:

Company:

Address:

City:

State:

Zip:

Phone:

E-mail:

**Certificate of Service or Mailing**

I hereby certify that I mailed or delivered true and correct copies of the Audio Recording Request 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:				
<div>_____ Signature of person serving document</div> <div>_____ Date served</div> <div>Revised 11/25</div>					