

**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		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Video Hearing?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:	<input type="checkbox"/> Recording of the hearing only. (audio link to be provided).
	<input type="checkbox"/> Written transcript of the hearing only.
	<input type="checkbox"/> 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:				
Signature of person serving document			Date served	Revised 11/25	