| State of Colorado | | | | | | | | | | | | | | | | | | | | |
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| Office of Administrative Courts | | | | | | | | | | | | | | | | | | | | |
| ☐ 1525 Sherman St., 4th Floor, Denver, CO 80203 Email: oac-dvr@state.co.us☐ 2864 S. Circle Dr, Ste 810, Colo. Springs, CO 80906 Email: oac-csp@state.co.us☐ 222 S. 6th Street, Suite 414, Grand Jct., CO 81501 Email: oac-gjt@state.co.us | | | | | | | | | | | | | | | | | | | | |
| 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 | | ☐ | | No | | | Video 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: | | | | | | | |
|  | |  | | | |  |  | |  |
|  | | Signature of person serving document | | | |  | Date served | | Revised 5/25 |