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 ◯ 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