

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

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 1330 Inverness Drive, Suite 330, Colo. Springs, CO 80910 Email: oac-csp@state.co.us  
 222 S. 6<sup>th</sup> Street, Suite 414, Grand Jct., CO 81501 Email: oac-gjt@state.co.us

Claimant,

v.

▲ Court Use Only ▲

WC Number:

Employer/Respondent, and

Date of Injury:

Insurer/Respondent.

**Case Information Sheet (CIS) filed by: \_\_\_\_\_****1.**

**This matter is set for hearing on** \_\_\_\_\_ (date), in \_\_\_\_\_ (hearing location) at \_\_\_\_\_ (time).

**2. Case Status (Check and complete, as appropriate)**

The parties have conferred in the last 30 days and have made a good faith effort to resolve the issues set for hearing.

The parties have not conferred in the last 30 days.

Is a Pre-hearing or settlement conference scheduled?

Yes, on \_\_\_\_\_ (Date)

No

An extension of time to commence this hearing has previously been granted.

**3. Discovery (Check one)**

Discovery has not been conducted.

Discovery has been conducted and completed.

Discovery has not been completed.

**4. Stipulations to be offered at hearing**

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**5. Issues Remaining for Determination (Check all issues that remain)**

Compensability (whether claimant sustained a work injury)  
 Medical Benefits  Permanent Partial Disability Benefits  
 Authorized provider  Permanent Total Disability Benefits  
 Temporary Total Disability Benefits  Petition to Reopen Claim  
 Temporary Partial Disability Benefits  Disfigurement  
 Average Weekly Wage  Death Benefits  
 Penalties: *(Attach additional pages as needed)*

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Other issues *(Attach additional pages as needed)*:

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**6. List the lay witnesses you intend to call in your case-in-chief (Attach additional pages as needed)**

<u>Name</u>	<u>Testimony Type:</u>	<u>Anticipated Length of Direct Testimony</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**7. List the expert witnesses you intend to call in your case-in-chief (Attach additional pages as needed)**

<u>Name</u>	<u>Testimony Type:</u>	<u>Anticipated Length of Direct Testimony</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**8. Interpreter:**

Yes  No Language: \_\_\_\_\_

If yes, date an Interpreter Request was filed with OAC: \_\_\_\_\_

**Parties requiring interpreters in virtual hearings shall provide a separate phone line for the party, in addition to appearing by video, to facilitate simultaneous interpretation. A party requiring an interpreter, and their attorney, shall appear for hearing at least ten (10) minutes before the scheduled start time.**

**9. Signature of Party or Attorney**

X

Signature

Attorney Registration Number (if applicable)

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

**10. Certificate of Service or Mailing**

I hereby certify that I mailed or delivered true and correct copies of the Case Information Sheet 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