| State of Colorado | 🟂 **Court Use Only** 🟂 |
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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 |
|  |  |  |
| Claimant, |
| v. | **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** |
|  |  |  |
|  |  |  |
|  |
| **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*) |
|  |  |  |
|  |  |  |
|  | ☐ Other issues *(Attach additional pages as needed)*: |
|  |  |  |
|  |  |  |
|  |  |
| **6.** | **List the lay witnesses you intend to call in your case-in-chief** *(Attach additional pages as needed)* |
|  | Name |  | Testimony Type |  | Anticipated Length of Direct Testimony |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **7.** | **List the expert witnesses you intend to call in your case-in-chief** *(Attach additional pages as needed)* |
|  | Name |  | Testimony Type |  | Anticipated Length of Direct Testimony  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |
| **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 5/25 |