| State of Colorado | | | | | | | | | | | | | | 🟂 **Court Use Only** 🟂 | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |