

<b>State of Colorado</b> <b>Office of Administrative Courts</b>		
<input type="checkbox"/> 1525 Sherman St., 4 <sup>th</sup> Floor, Denver, CO 80203 Email: oac-dvr@state.co.us <input type="checkbox"/> 2864 S. Circle Dr, Ste 810, Colo. Springs, CO 80906 Email: oac-csp@state.co.us <input type="checkbox"/> 222 S. 6 <sup>th</sup> Street, Suite 414, Grand Jct., CO 81501 Email: oac-gjt@state.co.us		
<div>_____ Claimant,  v.  _____ Employer/Respondent, and  _____ Insurer/Respondent.</div>		<b>▲ Court Use Only ▲</b>  <b>WC Number:</b>  _____  <b>Date of Injury:</b>  _____
<b>Case Information Sheet (CIS) filed by:</b> _____		
<p>1.      <b>This matter is set for hearing on</b> _____ (date), in _____ (hearing location) at _____ (time).</p> <p>2.      <b>Case Status</b> <i>(Check and complete, as appropriate)</i></p> <p>         <input type="checkbox"/> The parties have conferred in the last 30 days and have made a good faith effort to resolve the issues set for hearing.</p> <p>         <input type="checkbox"/> The parties have not conferred in the last 30 days.</p> <p>         Is a Pre-hearing or settlement conference scheduled?</p> <p>             <input type="checkbox"/> Yes, on _____ (Date)</p> <p>             <input type="checkbox"/> No</p> <p>         <input type="checkbox"/> An extension of time to commence this hearing has previously been granted.</p> <p>3.      <b>Discovery</b> <i>(Check one)</i></p> <p>         <input type="checkbox"/> Discovery has not been conducted.</p> <p>         <input type="checkbox"/> Discovery has been conducted and completed.</p> <p>         Discovery has not been completed.</p> <p>4.      <b>Stipulations to be offered at hearing</b></p> <p>         _____</p> <p>         _____</p>		

**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)*

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

**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>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

**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**