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. 6th Street, Suite 414, Grand Jct., CO 81501 Email: oac-gjt@state.co.us

Claimant,

v.

Employer/Respondent, and

Insurer/Respondent.

▲ **Court Use Only** ▲

WC Number:

Date of Injury:

Application for Hearing Disfigurement Only (Rule 10, OACRP)

You must complete all sections of Application (Sections A, B, C, & D)

A. Grounds for Hearing

The claimant requests a determination of additional compensation for permanent disfigurement. Section 8-42-108, C.R.S. Disfigurement will be the only issue determined at the hearing and the claimant will be the only witness, unless a response is filed adding affirmative defenses and listing additional witnesses.

The opposing party may file a response to this Application for Hearing (Disfigurement Only) within 10 days of the mailing or delivery of this Application for Hearing (Disfigurement Only).

B. Setting Case for Hearing

The Office of Administrative Courts will set this case for hearing and will send a written Notice of Hearing to the parties.

C. Signature of Party or Attorney

X _____ _____

Signature Attorney Registration Number (if applicable)

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

D: Certificate of Service or Mailing

I hereby certify that I mailed or delivered true and correct copies of the Application for Hearing (Disfigurement Only) to all parties at the addresses shown below: (*A claimant must provide a copy to the employer and the insurer, or*

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