

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

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 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.

**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 11/25	