

<b>State of Colorado</b> <b>Office of Administrative Courts</b>		<b>▲ Court Use Only ▲</b>  <b>WC Number:</b>  <b>Date of Injury:</b>	
<input type="checkbox"/> 1525 Sherman St., 4 <sup>th</sup> Floor, Denver, CO 80203 Email: oac-dvr@state.co.us <input type="checkbox"/> 1330 Inverness Drive, Suite 330, Colo. Springs, CO 80910 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 style="border-bottom: 1px solid black; margin-bottom: 5px;">Claimant,</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">v.</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;">Employer/Respondent, and</div> <div style="border-bottom: 1px solid black;">Insurer/Respondent.</div>			
<b>Application for Hearing Disfigurement Only (Rule 10, OACRP)</b>			
<b>You must complete all sections of Application (Sections A, B, C, &amp; D)</b>			
<b>A. Grounds for Hearing</b>  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.  <div style="text-align: center; padding: 10px;"> <b>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> </div>			
<b>B. Setting Case for Hearing</b>  The Office of Administrative Courts will set this case for hearing and will send a written Notice of Hearing to the parties.			
<b>C. Signature of Party or Attorney</b>  <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;"> <b>X</b>  <div style="border-bottom: 1px solid black; margin-top: 5px;"></div>         Signature       </div> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; margin-top: 5px;"></div>         Attorney Registration Number (if applicable)       </div> </div>			
First Name:		Last Name:	
Company:			
Address:			
City:	State:	Zip:	Phone:
E-mail:			

<b>D: Certificate of Service or Mailing</b>				
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: <i>(A claimant must provide a copy to the employer and the insurer, or</i>				
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:			
<div>Signature of person serving document</div> <div>Date served</div> <div>Revised 11/25</div>				