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| 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. | |  |  |  |  |
|  | | | |  | | |
| **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 Expedited Hearing within 10 days of the mailing or delivery of this Application for Expedited Hearing** | | | | |
| **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 Amended Application for Hearing 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 |