| State of Colorado | 🟂 **Court Use Only** 🟂 |
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| 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. |  |   |  |  |
|  |  |
| **Entry of Appearance/Substitution of Counsel** |
| You are hereby notified that the undersigned attorney is entering his/her appearance in the above-captioned matter before the Office of Administrative Courts, pursuant to Rule 8(C), O.A.C.R.P. I represent the following client(s): |
|  | ☐ Claimant | ☐ Insurer  | ☐ Employer | ☐ Dependent  | ☐ Other |  |  |
|  | Party Name:  |  |  |
|  | If substituting as counsel, enter former counsel’s name:  |  |  |
|  |  |  |

|  | **Signature of Attorney** |
| --- | --- |
| **X** |  |  |  |  |
|  | Signature  | Attorney Registration Number  |
| First Name:  | Last Name:  |
| Company:  |
| Address:  |
| City:  | State: | Zip:  | Phone:  |
| E-mail:  |

|  | **Certificate of Service or Mailing** |
| --- | --- |
| I hereby certify that I mailed or delivered true and correct copies of the Entry of Appearance/Substitution of Counsel 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 |