

<b>State of Colorado</b> <b>Office of Administrative Courts</b>	<b>▲ Court Use Only ▲</b>
<input type="checkbox"/> 1525 Sherman St., 4 <sup>th</sup> Floor, Denver, CO 80203 Email: oac-dvr@state.co.us <input type="checkbox"/> 2864 S. Circle Dr, Ste 810, Colo. Springs, CO 80906 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="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>Entry of Appearance/Substitution of Counsel</b>	
<p>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):</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <span><input type="checkbox"/> Claimant</span> <span><input type="checkbox"/> Insurer</span> <span><input type="checkbox"/> Employer</span> <span><input type="checkbox"/> Dependent</span> <span><input type="checkbox"/> Other</span> </div> <p style="margin-top: 10px;">Party Name: _____</p> <p style="margin-top: 10px;">If substituting as counsel, enter former counsel's name: _____</p>	

<b>Signature of Attorney</b>			
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <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       </div> </div>			
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:

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Signature of person serving document

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Date served**Revised 5/25**