

<b>State of Colorado</b> <b>Office of Administrative Courts</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	
_____ Claimant,  v.  _____ Employer/Respondent, and  _____ Insurer/Respondent.	<div style="text-align: center;">▲ Court Use Only ▲</div> <div style="text-align: center; border-top: 1px solid black; padding-top: 5px;"> <b>WC Number:</b>          _____       </div> <div style="text-align: center; border-top: 1px solid black; padding-top: 10px;"> <b>Date of Injury:</b>          _____       </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> <p> <input type="checkbox"/> Claimant               <input type="checkbox"/> Insurer               <input type="checkbox"/> Employer               <input type="checkbox"/> Dependent               <input type="checkbox"/> Other         </p> <p>Party Name: _____</p> <p>If substituting as counsel, enter former counsel's name: _____</p>	

<b>Signature of Attorney</b>			
<b>X</b>			
_____ 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**