

State of Colorado Office of Administrative Courts	
<input type="checkbox"/> 1525 Sherman St., 4 th 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 th 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; margin-top: 10px;"> WC Number: _____ </div> <div style="text-align: center; margin-top: 10px;"> Date of Injury: _____ </div>
Entry of Appearance/Substitution of Counsel	
<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>	

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 11/25**