

State of Colorado**Office of Administrative Courts**

1525 Sherman St., 4th Floor, Denver, CO 80203 Email: oac-dvr@state.co.us
 1330 Inverness Drive, Suite 330, Colo. Springs, CO 80910 Email: oac-csp@state.co.us
 222 S. 6th Street, Suite 414, Grand Jct., CO 81501 Email: oac-gjt@state.co.us

Claimant,

v.

▲ Court Use Only ▲**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 11/25	