

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			
Workers' Compensation Hearing Cancellation			
Today's Date:		WC Number:	
Case Name:			
Hearing Date:	Hearing Time:	Hearing Location:	
Attorney or Pro Se Party requesting cancellation:			
Email:			
<input type="checkbox"/> Check here to certify that you have conferred with the opposing party and that they agree to cancel this hearing.			
Reason for Cancellation:	<input type="checkbox"/> Issue(s) Resolved <input type="checkbox"/> Case Settled <input type="checkbox"/> Application/Appeal Withdrawn		

Certificate of Service or Mailing				
I hereby certify that I mailed or delivered true and correct copies of the Hearing Cancellation to all parties at the addresses shown below: <i>(A claimant must provide a copy to the employer and the insurer, or their attorney.)</i>				
Party 1	First Name:		Last Name:	
	Company:			
	Address:			
	City:	State:	Zip:	Phone:
	Email:			
Party 2	First Name:		Last Name:	
	Company:			
	Address:			
	City:	State:	Zip:	Phone:
	Email:			
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="border-top: 1px solid black; width: 45%; text-align: center;">Signature of person serving document</div> <div style="border-top: 1px solid black; width: 30%; text-align: center;">Date served</div> <div style="text-align: right; color: red; font-weight: bold;">Revised 11/25</div> </div>				