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| State of Colorado |
| Office of Administrative Courts |
| [ ]  1525 Sherman St., 4th Floor, Denver, CO 80203 Email: oac-dvr@state.co.us[ ]  2864 S. Circle Dr, Ste 810, Colo. Springs, CO 80906 Email: oac-csp@state.co.us[ ]  222 S. 6th 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:  |
| [ ]  | **Check here to certify that you have conferred with the opposing party and that they agree to cancel this hearing.** |  |
| Reason for Cancellation: | [ ]  | Issue(s) Resolved |
|  | [ ]  | Case Settled |
|  | [ ]  | Application/Appeal Withdrawn |

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|  | **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: (*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:  |
| Email:  |
| Party 2 | First Name:  | Last Name:  |
| Company:  |
| Address:  |
| City:  | State:  | Zip:  | Phone:  |
| Email:  |
|  |  |  |  |  |
|  | Signature of person serving document |  | Date served | Revised 5/25 |