

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 Confirmation			
Today's Date:		WC Number:	
Case Name:		Application Date:	
If this is a continuation of a previously held hearing, enter the name of the presiding ALJ:			
Is this for a rescheduled hearing?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hearing Date:	Hearing Time:	Hearing Location:	
Attorney or Pro Se Party confirming hearing date:			
Email:			
Representing:	<input type="checkbox"/> Claimant <input type="checkbox"/> Respondent (Specify which):		

Certificate of Service or Mailing				
I hereby certify that I mailed or delivered true and correct copies of the Hearing Confirmation 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:			

Signature of person serving document

Date served

Revised 7/11