

State of Colorado Office of Administrative Courts				▲ Court Use Only ▲ WC Number: Date of Injury:	
<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					
<div style="margin-bottom: 10px;"> _____ Claimant, v. </div> <div style="margin-bottom: 10px;"> _____ Employer/Respondent, and </div> <div> _____ Insurer/Respondent. </div>					
Order Status Request					
A hearing was held on _____ in the above-referenced matter before ALJ _____ <div style="display: flex; justify-content: space-around; margin-top: -10px;"> <i>Hearing Date</i> <i>Name of hearing ALJ</i> </div> All post evidentiary submissions have been filed as of _____ <div style="display: flex; justify-content: center; margin-top: -10px;"> <i>Date filed</i> </div> The below-referenced parties request the status of the Final Order.					
Certificate of Service or Mailing					
<input type="checkbox"/> I hereby certify that I mailed or delivered true and correct copies of the Order Status Request to all parties at the addresses shown below: <u>(A claimant must provide a copy to the employer and the insurer, or their attorney.)</u>					
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:	
	E-mail:				

Party 3	First Name:		Last Name:	
	Company:			
	Address:			
	City:	State:	Zip:	Phone:
	Email:			