| State of Colorado | | | | | | | | | | | | | | 🟂 **Court Use Only** 🟂 | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 | | | | | | | | | | | | | |
|  |  | | | | | | | | | |  | | |
| Claimant, | | | | | | | | | | | | | |
| v. | | | | | | | | | | | | | | **WC Number:** | | |
|  |  | | | | | | | | | |  | | |  |  |  |
|  | Employer/Respondent, and | | | | | | | | | |  | | |  | | |
|  |  | | | | | | | | | |  | | | **Date of Injury:** | | |
|  | Insurer/Respondent. | | | | | | | | | |  | | |  |  |  |
|  | | | | | | | | | | | | | |  | | |
| **Order Status Request** | | | | | | | | | | | | | | | | |
| A hearing was held on | | | |  | in the above-referenced matter before ALJ | | | | | | | |  | | |  |
|  | | | | *Hearing Date* |  | | | | | | | | *Name of hearing ALJ* | | | |
| All post evidentiary submissions have been filed as of | | | | | | | |  | |  | | | | | | |
|  | | | | | | | | *Date filed* | |  | | | | | | |
| The below-referenced parties request the status of the Final Order. | | | | | | | | | | | | | | | | |
|  | | **Certificate of Service or Mailing** | | | | | | | | | | | | | | |
| ☐ 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: (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: | | | | |
| E-mail: | | | | | | | | | | | | | |

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