| 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:  |