

**State of Colorado****Office of Administrative Courts**

1525 Sherman St., 4<sup>th</sup> Floor, Denver, CO 80203 Email: oac-dvr@state.co.us  
 1330 Inverness Drive, Suite 330, Colo. Springs, CO 80910 Email: oac-csp@state.co.us  
 222 S. 6<sup>th</sup> Street, Suite 414, Grand Jct., CO 81501 Email: oac-gjt@state.co.us

Claimant,

v.

**▲ Court Use Only ▲****WC Number:****Date of Injury:**

Employer/Respondent, and

Insurer/Respondent.

**Petition to Review****To The Office of Administrative Courts and Administrative Law Judge:**

The (  Claimant/  Employer/  Insurer) petitions to review the order of the Administrative Law Judge (ALJ) issued on \_\_\_\_\_ (date). No transcript is requested

**Petitioner objects to the Findings of Fact, Conclusions of Law, and Order of the ALJ on the following grounds:** (Set forth in detail the particular alleged errors and your objections to the Order. You may attach additional pages).

---

---

---

---

**Signature of Party or Attorney****X**

Signature

Attorney Registration Number (if applicable)

First Name:

Last Name:

Company:

Address:

City:

State:

Zip:

Phone:

Email:

**Certificate of Service or Mailing**

I hereby certify that I mailed or delivered true and correct copies of the Petition to Review 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 11/25	