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| 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. |  |  |  |  |
|  |  |
| **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).* |  |
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|  | **Signature of Party or Attorney** |
| **X** |  |  |  |  |
|  | Signature  | Attorney Registration Number (if applicable) |
| First Name:  | Last Name:  |
| Company:  |
| Address:  |
| City:  | State: | Zip:  | Phone:  |
| Email:  |

|  |  |
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|  | **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 5/25 |