

State of Colorado Office of Administrative Courts	▲ Court Use Only ▲
<input type="checkbox"/> 1525 Sherman St., 4 th Floor, Denver, CO 80203 Email: oac-dvr@state.co.us <input type="checkbox"/> 2864 S. Circle Dr, Ste 810, Colo. Springs, CO 80906 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="border-bottom: 1px solid black; margin-bottom: 5px;"> Claimant, </div> <div style="margin-bottom: 5px;">v.</div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"> Employer/Respondent, and </div> <div style="border-bottom: 1px solid black;"> Insurer/Respondent. </div>	
Petition to Review	
To The Office of Administrative Courts and Administrative Law Judge: The (<input type="checkbox"/> Claimant/ <input type="checkbox"/> Employer/ <input type="checkbox"/> 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: <i>(Set forth in detail the particular alleged errors and your objections to the Order. You may attach additional pages).</i> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black;"></div>	

Signature of Party or Attorney			
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> X <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Signature </div> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> Attorney Registration Number (if applicable) </div> </div>			
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 5/25**