

**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:**

Employer/Respondent, and

Insurer/Respondent.

**Date of Injury:**

**Petition to Review and Request for Transcript****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).

**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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The Petitioner requests that a transcript(s) of the hearing be prepared and included as part of the record for the Petition to Review. If requesting a partial transcript, also indicate the approximate ending time and description.

**Date(s) of Hearing(s):**

**Room, and Time Hearing Began:**

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**(Notice:** The Petitioner is responsible for arranging for payment of the transcript, including paying any deposit required by the court reporter or transcriptionist, and requesting an extension of time if the transcript will not be completed within 25 working days of the date the audio recording is sent to the court reporter or transcriptionist. If the original transcript is not timely filed, the request for the transcript will be stricken, a notice and briefing schedule will issue, and the transcript will not be part of the record on review.)

The Petitioner requests that the Office of Administrative Courts transmit the audio recording of the hearing to the following for preparation of the transcript:

Court reporter or transcriptionist who does not have an interest in the case:

Name and Mailing Address:

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Phone and email:

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The Petitioner is indigent and has filed a form #WC35, "Application for Indigent Determination (Transcript)", with the Division of Workers' Compensation.

**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 and Request for Transcript 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:			

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Signature of person serving document

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Date served

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**Revised 11/25**