State of Colorado

Office of Administrative Courts

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_____

Claimant,

v.

_____

Employer/Respondent, and

_____

Insurer/Respondent.

▲ **Court Use Only** ▲

WC Number:

_____

Date of Injury:

_____

Response to Application for Hearing dated _____

A. Response to Application for Hearing: Filed by or for: _____
(Print Name of Party)

In addition to the issues identified on the Application for Hearing, the following issues are identified for hearing:

☐ Compensability (whether claimant sustained a work injury)

☐ Medical Benefits

☐ Authorized provider

☐ Temporary Total Disability Benefits

☐ Temporary Partial Disability Benefits

☐ Average Weekly Wage

☐ Permanent Partial Disability Benefits

☐ Permanent Total Disability Benefits

☐ Petition to Reopen Claim

☐ Disfigurement

☐ Death Benefits

☐ Penalties: Describe with specificity the grounds on which a penalty is asserted, including the order, rule or section of the statute allegedly violated, and the dates on which you claim the violation began and ended. (Section 8-43-304(4), C.R.S.)*(Attach additional pages as needed)*

_____

_____

☐ Other issues to be heard at this hearing are (such as maximum medical improvement, termination of benefits, etc.) *(Attach additional pages as needed)*:

Witnesses to be called at the hearing or by deposition: List names and addresses: *(Attach additional pages as needed)*

1

2.

3.

4.

B. Signature of Party or Attorney

X

Signature

Attorney Registration Number (if applicable)

First Name:		Last Name:	
Company:			
Address:			
City:	State:	Zip:	Phone:
Email:			

C: Certificate of Service or Mailing

I hereby certify that I mailed or delivered true and correct copies of the Response to Application for Hearing 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