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| State of Colorado Office of Administrative Courts | | |
| <input type="checkbox"/> 1525 Sherman St., 4 th Floor, Denver, CO 80203 Email: oac-dvr@state.co.us <input type="checkbox"/> 1330 Inverness Drive, Suite 330, Colo. Springs, CO 80910 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 | | |
| _____ Claimant, v. _____ Employer/Respondent, and _____ Insurer/Respondent. | | ▲ Court Use Only ▲ WC Number: _____ Date of Injury: _____ |

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| Request for Specific Findings of Fact and Conclusions of Law | |
| To The Office of Administrative Courts and Administrative Law Judge: The (<input type="checkbox"/> Claimant/ <input type="checkbox"/> Employer/ <input type="checkbox"/> Insurer) is dissatisfied with the Summary Order of the Administrative Law Judge that was served on the parties on _____(date). It is requested that a full order containing specific findings of fact and conclusions of law be issued pursuant to Section 8-43-215, C.R.S. | |

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|--|--|--|--|--------|------------|--|--|------|--|--|--|--------|--|--|--|
| Signature of Party or Attorney | | | | | | | | | | | | | | | |
| X _____ <div style="display: flex; justify-content: space-between;"> Signature Attorney Registration Number (if applicable) </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 Request for Specific Findings of Fact and Conclusions of Law 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: | | | | | | | |
| <div>Signature of person serving document</div> <div>Date served</div> <div>Revised 5/25</div> | | | | | | | | |