

State of Colorado**Office of Administrative Courts**

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Claimant,

v.

▲ Court Use Only ▲**WC Number:**

Employer/Respondent, and

Date of Injury:

Insurer/Respondent.

Request for Specific Findings of Fact and Conclusions of Law**To The Office of Administrative Courts and Administrative Law Judge:**

The (Claimant/ Employer/ 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.

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 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:								

Signature of person serving document

Date served

Revised 11/25