

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"/> 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	
<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> Claimant, </div> <div style="margin-bottom: 10px;">v.</div> <div style="border-bottom: 1px solid black; margin-bottom: 10px;"> Employer/Respondent, and </div> <div style="border-bottom: 1px solid black;"> Insurer/Respondent. </div>	
<div style="border-bottom: 1px solid black; margin-bottom: 10px;"> WC Number: </div> <div style="border-bottom: 1px solid black;"> Date of Injury: </div>	

Request for Specific Findings of Fact and Conclusions of Law
<p>To The Office of Administrative Courts and Administrative Law Judge:</p> <p>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.</p>

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-top: 5px;"></div> Signature </div> <div style="width: 45%;"> <div style="border-bottom: 1px solid black; margin-top: 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 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 11/25</div>								