| State of Colorado | | | 🟂 **Court Use Only** 🟂 | | | |
| --- | --- | --- | --- | --- | --- | --- |
| Office of Administrative Courts | | |
| ☐ 1525 Sherman St., 4th Floor, Denver, CO 80203 Email: oac-dvr@state.co.us ☐ 2864 S. Circle Dr, Ste 810, Colo. Springs, CO 80906 Email: oac-csp@state.co.us  ☐ 222 S. 6th Street, Suite 414, Grand Jct., CO 81501 Email: oac-gjt@state.co.us | | |
|  |  |  |
| Claimant, | | |
| v. | | | **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 5/25 |