State of Colorado						
Office of Administrative C						
☐ 1525 Sherman St., 4 th Floo	or, Denver, CO 80203 Email: oac-dvr@state.co.us					
☐ 2864 S. Circle Dr, Ste 810						
222 S. 6 th Street, Suite 41						
Claimant,	▲ Court Use Only ▲					
V.		WC Number:				
Employer/Respondent, and						
		Date of Injury:				
Insurer/Respondent.						
·						
Request	t for Specific Findings of Fact and Conclusions of	of Law				
To The Office of Administrat	ive Courts and Administrative Law Judge:					
T. (C 0) : (C 5		6.11 A.1				
	loyer/ Insurer) is dissatisfied with the Summary Order					
	parties on(date). It is requested that a	tuli order containing specific				
lindings of fact and conclusion	s of law be issued pursuant to Section 8-43-215, C.R.S.					
0: 1 50 1						
Signature of Party or	Attorney					
X						
Signature		ation Number (if applicable)				
First Name:	First Name: Last Name:					
Company:						
Address:						
City:	State: Zip: Pho	one:				
Email:		1				

Ce	ertificate of Service or Ma	iling						
I hereby c	ertify that I mailed or delive	red true and correc	ct copies of th	e Requ	est for	Specific Fi	ndings c	of Fact and
Conclusio	ns of Law to all parties at the	e addresses shown l	below: (<i>A clair</i>	mant mu	st provi	ide a copy t	o the em	ployer and
the insurer	, or their attorney.)							
Party 1	First Name:		Last Name:					
	Company:			l				
	Address:							
	City:	State	e: Zi	p:		Phone:		
	Email:		1 1	'		1		
Party 2	First Name:		Last Name:					
	Company:			l				
	Address:							
	City:	State	e: Zi	p:		Phone:		
	Email:		1 1	'				
	Signature of person ser	ving document			Da	ite served		Revised 5/25