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| **STATE OF COLORADO**  **OF****FICE OF ADMINISTRATIVE COURTS**  1525 Sherman Street, 4th Floor, Denver, CO 80203 Email: [oac-dvr@state.co.us](mailto:oac-dvr@state.co.us)  2864 S. Circle Dr., Suite 810, Colo. Springs, CO 80906 Email: [oac-csp@state.co.us](mailto:oac-csp@state.co.us) 222 S. 6th Street, Suite 414, Grand Jct., CO 81501 Email: [oac-gjt@state.co.us](mailto:oac-gjt@state.co.us) |  **COURT USE ONLY**  |
| Claimant,  vs.  Employer, and Respondent. |
| **WC NUMBER:**  **DATE OF INJURY:** |
| **APPLICATION FOR HEARING** | |
| **A. Application for Hearing**: Filed by or for:  (Print Name of Party)  It is requested that this matter be set for hearing in (check one):  Denver Colorado Spgs Grand Jct. Pueblo Glenwood Spgs  Check here to certify that you have attempted to resolve with the other parties all issues listed on the application for hearing (Section 8-43-211(4), C.R.S.). If compensability is contested, or if this hearing is requested in response to a final admission of liability or to contest a conclusion in a Division sponsored independent medical examination, checking this box is not required.  The following issues shall be considered at the hearing: Temporary Total Benefits from Compensability to Ongoing  Medical Benefits Temporary Partial Benefits from  Authorized provider to Ongoing  Reasonably Necessary Permanent Partial Disability Benefits  to Ongoing  Average Weekly Wage  Petition to Reopen Permanent Total Disability Benefits  Claim Disfigurement to Ongoing  Death Benefits  Penalties: Describe with specificity the grounds on which a penalty is asserted, including the order, rule or section of the statute allegedly violated, and the dates on which you claim the violation began and ended.  *(Attach additional pages as needed)*  Other issues to be heard at this hearing are (such as maximum medical improvement, termination of benefits, etc) *(Attach additional pages as needed)*: | |

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| Witnesses to be called at the hearing or by deposition: List names and addresses:  1.  2.  3.  4.  5.  6.  (Attach additional pages as necessary) | | | |
| **B. Request for the OAC to Set the Matter for Hearing Rule 8(E) OACRP:**  If you are not represented by an attorney and would like the Office of Administrative Courts to set this case for you, please check here: Complete Sections C and D. | | | |
| The undersigned will contact the Office of Administrative Courts, at [www.colorado.gov/oac,](http://www.colorado.gov/oac) to obtain dates for hearing. The applicant shall confer with the opposing parties and file a written confirmation with the OAC. | | | |
| **C. Signature**:  **X**  Signature Attorney Registration Number  First Name MI Last Name Suffix Company Address City State Zip Phone E-mail | | | |
| **D: Certificate of Mailing** | | | |
| I hereby certify that I mailed or delivered true and correct copies of the APPLICATION FOR HEARING to all parties at the addresses shown below: (A claimant must provide a copy to the employer and the insurer, or their attorney.): | | | |
|  | First Last  Name MI Name Suffix Company Address City State Zip Phone  E-mail Recipient is the: | | |
|  | First Last  Name MI Name Suffix Company Address City State Zip Phone  E-mail Recipient is the: | | |
|  | | | |
| Signature of person serving document Date served | | **Rev 9/23** |  |