STATE OF COLORADO
OFFICE OF ADMINISTRATIVE COURTS

☐ 1525 Sherman Street, 4th Floor, Denver, CO 80203 Email: oac-dvr@state.co.us
☐ 2864 S. Circle Dr., Suite 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,

vs.

_____
Employer, and

_____
Respondent.

▲ **COURT USE ONLY** ▲

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:

☐ Compensability
☐ Medical Benefits
☐ Authorized provider
☐ Average Weekly Wage
☐ Petition to Reopen Claim
☐ Disfigurement
☐ Temporary Total Benefits from _____ to _____ ☐ Ongoing
☐ Temporary Partial Benefits from _____ to _____ ☐ Ongoing
☐ Permanent Partial Disability Benefits
☐ Permanent Total Disability Benefits
☐ 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)*:

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, 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 Name _____ MI ____ Last Name _____ Suffix _____

Company _____

Address _____

City _____ State _____ Zip _____ Phone _____

E-mail _____ Recipient is the: _____

First Name _____ MI ____ Last Name _____ Suffix _____

Company _____

Address _____

City _____ State _____ Zip _____ Phone _____

E-mail _____ Recipient is the: _____

_____ _____

Signature of person serving document Date served