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| STATE OF COLORADO | | | | | | | | | | | | | | | | |  | | | |
| OFFICE OF ADMINISTRATIVE COURTS | | | | | | | | | | | | | | | | |
| 1525 Sherman Street, 4th Floor, Denver, CO 80203 Email: oac-dvr@state.co.us 2864 S. Circle Drive, 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 | | | | | | | | | | | | | | | | |  | | | |
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|  |  | | | | | | | | | | | | | | |  |
| Claimant, | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | 🟂 **COURT USE ONLY** 🟂 | | | |
| vs. | | | | | | | | | | | | | | | | | **WC NUMBER:** | | | |
|  |  | | | | | | | | | | | | | | |  |  |  | |  |
| Employer, and | | | | | | | | | | | | | | | | |  |  | |  |
|  |  | | | | | | | | | | | | | | |  |  | |  | |
| Respondent. | | | | | | | | | | | | | | | | |  |  | |  |
|  | | | | | | | | | | | | | | | | |  | | | |
| **CASE INFORMATION SHEET (CIS) filed by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 1. | | This matter is set for hearing on | | | | |  | | | | , in | |  | | | | | | |  |
|  | | (hearing location) at | | | |  | | (time) | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 2. | | **Case Status -** *Check and complete, as appropriate:* | | | | | | | | | | | | | | | | | | |
|  | |  | The parties have conferred in the last 30 days and have made a good faith effort to resolve the issues set for hearing. | | | | | | | | | | | | | | | | | |
|  | |  | The parties have not conferred in the last 30 days. | | | | | | | | | | | | | | | | | |
|  | |  | Is a Pre-hearing or settlement conference scheduled? | | | | | | | | | | | | | | | | | |
|  | |  |  | Yes, on |  | | | | | | | | |  | | | | | | |
|  | |  |  | No | | | | | | | | | | | | | | | | |
|  | |  | An extension of time to commence this hearing has previously been granted. | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 3. | | **DISCOVERY -** *Check one:* | | | | | | | |  | |  | |  |  | | | | | |
|  | |  | Discovery has not been conducted, or discovery has been completed. | | | | | | | | | | | | | | | | | |
|  | |  | Discovery has not been completed. (State briefly what discovery is incomplete, including a list of any pending motions regarding any discovery disputes: | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| 4. | | **STIPULATIONS TO BE OFFERED AT HEARING:** | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | |
| 5. | | **ISSUES REMAINING FOR DETERMINATION** - *Check all issues that remain:* | | | | | | | | | | | | | | | | | | |
|  | |  | Compensability | | | | | |  | |  | AWW (average weekly wage) | | | | | | | | |
|  | |  | Petition to Reopen | | | | | |  | |  | TPD (temporary partial disability) | | | | | | | | |
|  | |  | Medical Benefits - Authorized provider | | | | | |  | |  | TTD (temporary total disability) | | | | | | | | |
|  | |  | Medical Benefits - Reasonably needed | | | | | |  | |  | PPD (permanent partial disability benefits) | | | | | | | | |
|  | |  | Disfigurement | | | | | |  | |  | PTD (permanent total disability benefits) | | | | | | | | |
|  | |  | Death Benefits | | | | | |  | |  | Other - *Explain below or on a separate sheet:* | | | | | | | | |
|  | |  | Penalties - *Explain below or on a separate sheet:* | | | | | | | |  |  | | | | | | | | |
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| 6. | List the lay witnesses you intend to call in your case-in-chief: | | | | | | | | |
|  | Name |  | Live or By Telephone? |  | Will the Witness Travel Over 100 Miles? | | |  | |
|  |  |  |  |  |  |  | | | |
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|  | | | | | | | | | |
| 7. | List the expert witnesses you intend to call in your case-in-chief: | | | | | | | | |
|  | Name |  | Live or By Telephone? |  | Will the Witness Travel Over 100 Miles? | | |  | |
|  |  |  |  |  |  |  | | | |
|  |  |  |  |  |  |  | | | |
|  |  |  |  |  |  |  | | | |
|  | | | | | | | | | |
| 8. | **INTERPRETER:** If you will be using an interpreter, please state the interpreter’s name, or the name of the agency providing the interpreter, and the language: | | | | | | | | |
|  |  | | | | | | | |  |
|  |  | | | | | |  | |  |
| 9. | Estimated length of time to complete your direct examination of witnesses at the hearing: | | | | | |  | |  |
|  |  | | | | | | | | |
| 10. | **Signature**: | | | | | | | | |

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| X | |  | | | | | | | | | |  | | | | | |  | | | | | | | | | | |  | | | |
|  | | Signature | | | | | | | | | |  | | | | | | Attorney Registration Number | | | | | | | | | | |  | | | |
| First Name | |  | MI |  | | | | Last Name: | | | | | |  | | | | | | | | | | Suffix |  | | | |  | | | |
| E-mail | |  | | | | | | | | Representing | | | | | | | | |  | | | | | | | | | |  | | | |
| **CERTIFICATE OF SERVICE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby certify that I mailed or delivered true and correct copies of Case Information Sheet (CIS) to all parties at the addresses shown below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Opposing Party 1 or their Representative | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name |  | | | | MI | | |  | | Last Name: | | | | | |  | | | | | | | | | | | Suffix | | |  |  | |
| Company |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Address |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| City |  | | | | | | State | |  | | | | Zip | | |  | | | | Phone | | |  | | | | | | | |  | |
| E-mail |  | | | | | | | | | | | | | Representing | | | | | | | |  | | | | | | | | |  | |
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| Opposing Party 2 or their Representative: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name |  | | | | | MI | |  | | Last Name: | | | | | |  | | | | | | | | | | | Suffix | | |  |  | |
| Company |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Address |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| City |  | | | | | | State | |  | | Zip | | | |  | | | | | | Phone | |  | | | | | | | | |  | |
| E-mail |  | | | | | | | | | | | | | Representing | | | | | | | |  | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | |  | | |  | | | | | |  | |  | | | | |
| Signature of person serving document | | | | | | | | | | | | | | | | |  | | | Date Served | | | | | | REV 9/23 | | | | | | |