

**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

Claimant,

vs.

Employer, and

Respondent.

▲ **COURT USE ONLY** ▲

WC NUMBER:

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:

- | | |
|--|--|
| <input type="checkbox"/> Compensability | <input type="checkbox"/> AWW (average weekly wage) |
| <input type="checkbox"/> Petition to Reopen | <input type="checkbox"/> TPD (temporary partial disability) |
| <input type="checkbox"/> Medical Benefits - Authorized provider | <input type="checkbox"/> TTD (temporary total disability) |
| <input type="checkbox"/> Medical Benefits - Reasonably needed | <input type="checkbox"/> PPD (permanent partial disability benefits) |
| <input type="checkbox"/> Disfigurement | <input type="checkbox"/> PTD (permanent total disability benefits) |
| <input type="checkbox"/> Death Benefits | <input type="checkbox"/> Other - Explain below or on a separate sheet: |
| <input type="checkbox"/> Penalties - Explain below or on a separate sheet: | |

6. List the lay witnesses you intend to call in your case-in-chief:

<u>Name</u>	<u>Live or By Telephone?</u>	Will the Witness Travel Over 100 Miles?
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. List the expert witnesses you intend to call in your case-in-chief:

<u>Name</u>	<u>Live or By Telephone?</u>	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:**

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 _____	

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