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| STATE OF COLORADO |  |
| OFFICE OF ADMINISTRATIVE COURTS |
| 1525 Sherman Street, 4th Floor, Denver, CO 80203 Email: oac-dvr@state.co.us2864 S. Circle Drive, Suite 810, Colo. Springs, CO 80906 Email: oac-csp@state.co.us222 S. 6th Street, Suite 414, Grand Jct., CO 81501 Email: oac-gjt@state.co.us |  |
|  |  |
|  |  |  |
| Claimant, |
|  |
|  | 🟂 **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:* |  |  |
|  |

|  |  |
| --- | --- |
| 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? |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |
| 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**: |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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 | REV 9/23 |