

STATE OF COLORADO
OFFICE OF ADMINISTRATIVE COURTS

633 17th Street, Suite 1300, Denver, CO 80202 Fax: (303) 866-5909
1259 Lake Plaza Drive, Suite 210, Colo. Springs, CO 80906 Fax: (719) 576-2978
222 S. 6th Street, Suite 414, Grand Jct., CO 81501 Fax: (970) 248-7341

Claimant,

vs.

Employer, and

Respondent.

▲ COURT USE ONLY ▲

WC NUMBER:

DATE OF INJURY:

APPLICATION FOR EXPEDITED HEARING

Complete Section A, B, or C

- A. The Respondents have filed a Notice of Contest within the previous 45 days on (date) _____ and the claimant requests an expedited hearing on compensability and medical benefits. (Attach a copy of the Notice of Contest). Section 8-43-203(1)(a), C.R.S.; or
- B. There is an urgent need for prior authorization of health care services, as recommended in writing by _____, an authorized treating provider, and prior authorization has been denied. (Attach a copy of the recommendation of the authorized treating provider). The claimant requests an expedited hearing. Rule 16-10, WCRP; or
- C. The Respondents have filed a Petition to Suspend, Modify, or Terminated Compensation on (date) _____ and the claimant filed an objection to the Petition on (date) _____. The Respondents request an expedited hearing. (Attach a copy of the Petition and objection). Rule 6-4, WCRP.

The opposing party may file a response to this Application for Expedited Hearing within 10 days of the mailing or delivery of this Application for Expedited Hearing.

Witnesses to be called at the hearing or by deposition: List names and addresses:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

(Attach additional pages if necessary)

If space is available as determined by OAC, the parties have conferred and request the following date and time for this hearing:

Date: _____ Time: _____

Request for the OAC to Set the Matter for Hearing (Rule 8(H) 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:

Signature:

X

Signature

Street Address

Print/Type Name

City, State, Zip Code

Attorney Registration Number

Phone Number

Fax Number
(Optional)

E-Mail Address: (Failure to provide an e-mail address may
result in delay in receipt of any procedural or final order)

Date

Certificate of Mailing

I hereby certify that I mailed or delivered the original of the Application for Hearing and Notice to Set to:

Office of Administrative Courts
633 17th Street, Suite 1300
Denver, CO 80202

Office of Administrative Courts
1259 Lake Plaza Dr., Suite 210
Colorado Springs, CO 80906

Office of Administrative Courts
222 South 6th Street, Suite 414
Grand Junction, CO 81501

And copies to all parties at the addresses shown below: (A claimant must provide a copy to the employer and the insurer, or their attorney.)

Claimant/Respondent or their Representative: _____

Employer or their Representative: _____

Other: _____

Signature

Date Mailed

REV 12/07