

**STATE OF COLORADO  
OFFICE OF ADMINISTRATIVE COURTS**

633 17<sup>th</sup> 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. 6<sup>th</sup> Street, Suite 414, Grand Jct., CO 81501 Fax: (970) 248-7341

\_\_\_\_\_  
Claimant,

vs.

\_\_\_\_\_  
Employer, and

\_\_\_\_\_  
Respondent.

▲ COURT USE ONLY ▲

**WC NUMBER:**

**CASE INFORMATION SHEET (CIS) filed by:** \_\_\_\_\_

1. This matter is set for hearing on \_\_\_\_\_, 20\_\_\_\_, in  
\_\_\_\_\_ (hearing location) at \_\_\_\_\_ .m.

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

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

Petition to Reopen

Medical Benefits - Authorized provider

Medical Benefits - Reasonably needed

Disfigurement

Death Benefits

Penalties - *Explain below or on a separate sheet:*

AWW (average weekly wage)

TPD (temporary partial disability)

TTD (temporary total disability)

PPD (permanent partial disability benefits)

PTD (permanent total disability benefits)

Other - *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	Street Address	
Print/Type Name	City, State, Zip Code	
Attorney Registration Number	Phone Number	Fax Number (Optional)
<b>E-Mail Address:</b> (Failure to provide an e-mail address may result in delay in receipt of any procedural or final order)	Date	

**Certificate of Mailing / Service**

I certify that true and correct copies of the foregoing Case Information Sheet (CIS) were either deposited in the U.S. Mail, postage prepaid, or delivered, addressed as follows:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Mailed