

<b>STATE OF COLORADO</b> <b>OFFICE OF ADMINISTRATIVE COURTS</b> 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) 576-5978 222 S. 6 <sup>th</sup> Street, Suite 414, Grand Jct., CO 81501 Fax: (970) 248-7341	<p style="text-align: center;">▲ <b>COURT USE ONLY</b> ▲</p>
<p>_____</p> <p>Claimant,</p> <p>vs.</p> <p>_____</p> <p>Employer, and</p> <p>_____</p> <p>Respondent.</p>	
<b>PETITION TO REVIEW AND REQUEST FOR TRANSCRIPT</b> <b>(RULE 26 OACRP)</b>	

TO THE OFFICE OF ADMINISTRATIVE COURTS AND JUDGE \_\_\_\_\_ :

The ( claimant/ employer/ insurance carrier) petitions for review of the order of Judge \_\_\_\_\_ issued on \_\_\_\_\_ (mo/day/yr).

Petitioner objects to the Findings of Fact, Conclusions of Law, and Order of the Judge on the following ground(s):

*(Set forth in detail the particular alleged errors and your objections to the order. You may attach additional pages):*

The Petitioner request that a transcript(s) of the hearing be prepared and included as part of the record for the Petition to Review. Rule 26(D) OACRP. If requesting a partial transcript, also indicate the approximate ending time and description.

Date(s) of Hearing(s):

Room and time the hearing began:

_____	_____
_____	_____
_____	_____
_____	_____

The Petitioner requests that the Office of Administrative Courts transmit the audio recording of the hearing to the following for preparation of the transcript.

CHECK ONE of the following: (Note: The firms listed have indicated a willingness to prepare transcripts at the per page rate set by the Colorado Supreme Court. The listing of a firm is not an endorsement by the Office of Administrative Courts)

A/V Tronics, Inc., 600 17<sup>th</sup> Street, Suite 2800, Denver, CO 80202: (303) 634-2295;

Agren Blando Court Reporting & Video, Inc., 216 16<sup>th</sup> Street, Suite 650, Denver, CO 80202: (303)296-0017

Federal Reporting Service, 17454 E. Asbury Place, Aurora, CO 80013: (303) 751-2777;

Other court reporter or transcriptionist who does not have an interest in the case:

Name and Mailing Address:

_____
_____
_____
_____

Phone Number:

The Petitioner is indigent and has filed a Form #WC35, Application for Indigent Determination (Transcript), with the Division of Workers' Compensation.

**CERTIFICATE OF SERVICE**

I hereby certify that a copy of this document has been mailed to the ALJ and to the following parties, at the addresses shown and on the date below:

ALJ: \_\_\_\_\_  
**Office of Administrative Courts**

Opposing Party or Attorney:

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Mailed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Petitioner or Attorney

Petitioner's Name and Address (Printed)

\_\_\_\_\_  
\_\_\_\_\_  
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