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| STATE OF COLORADO OFFICE OF ADMINISTRATIVE COURTS | |
| In the Matter of the Workers' Compensation Claim of: _____ , Claimant, vs. _____ , Employer, and _____ , Insurer, Respondents. | ▲ COURT USE ONLY ▲ CASE NUMBER: WC _____ |
| REQUEST FOR SPECIFIC FINDINGS OF FACT AND CONCLUSIONS OF LAW | |

TO THE OFFICE OF ADMINISTRATIVE COURTS AND ALJ _____.

The (Claimant/ Employer/ Insurer) is dissatisfied with the Summary Order of the Administrative Law Judge that was served on the parties on _____ (date). It is requested that a full order containing specific findings of fact and conclusions of law issue pursuant to Section 8-43-215, C.R.S. (as amended, SB07-258, Section 7).

| | |
|------------------------------|-----------------------|
| Signature | Address 1 |
| Print Name | Address 2 |
| Name of Party | City, State, Zip |
| Phone Number | E-Mail Address |
| Attorney Registration Number | facsimile number |

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copies of this Request for Specific Findings of Fact and Conclusions of Law were served as follows:

To the ALJ at the Office of Administrative Courts by facsimile:

- Denver Fax (303) 866-5909
- Colorado Springs Fax (719) 576-2978
- Grand Junction Fax (970) 248-7341

Or by US Mail:

- 633 17th Street, Suite 1300, Denver, CO 80202
- 1259 Lake Plaza Drive, Suite 210, Colorado Springs, CO 80906
- 222 S. Sixth Street, Suite 414, Grand Junction, CO 81501

And to all other attorneys and unrepresented parties on this claim by facsimile, e-mail, or U.S. mail as follows:

Dated: _____

Signed _____