

**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:**

**DATE OF INJURY:**

**RESPONSE TO APPLICATION FOR HEARING**

**A. Response to Application for Hearing:** Filed by or for \_\_\_\_\_ (Print Name of Party)

In addition to the issues marked on the Application for Hearing, the following issues shall be considered at the hearing:

Compensability

Temporary Total Benefits from

Medical Benefits

\_\_\_\_\_ to \_\_\_\_\_

Authorized provider

Reasonably necessary

Temporary Partial Benefits from

Average Weekly Wage

\_\_\_\_\_ to \_\_\_\_\_

Petition to Reopen Claim

Permanent Partial Disability Benefits

Disfigurement

Permanent Total Disability Benefits

Death Benefits

Penalties: Describe with specificity the grounds on which a penalty is asserted, including the order, rule or section of the statute allegedly violated, and the dates on which you claim the violation began and ended.

Other issues to be heard at this hearing are (such as maximum medical improvement, termination of benefits, etc):

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)

**D. 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

**E: Certificate of Mailing**

I hereby certify that I mailed or delivered the original of the Response to Application for Hearing:

Office of Administrative Courts  
633 17<sup>th</sup> 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 6<sup>th</sup> 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