

**STATE OF COLORADO
OFFICE OF ADMINISTRATIVE COURTS**

633 17th Street, Suite 1300, Denver, CO 80202 Fax: (303) 866-5909
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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)
_____	_____	_____
	Date	

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

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