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| STATE OF COLORADO | | | | | | | | | | | | |  | | | |
| OFFICE OF ADMINISTRATIVE COURTS | | | | | | | | | | | | |
| 1525 Sherman Street, Denver, Colorado 80203 | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Appellant, | | | | | | | | | | | | |
| vs. | | | | | | | | | | | | | 🟂 **COURT USE ONLY** 🟂 | | | |
|  | | | | | | | | | | | | | **CASE NUMBER:** | | | |
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|  | | | | | | | | | | | | |
| Appellee. | | | | | | | | | | | | |
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| **EXCEPTIONS RECORDING REQUEST** | | | | | | | | | | | | | | | | |
| This form IS ONLY to be used when the Appellant is requesting a transcript to be included with the filing of Exceptions with the Department of Health Care Policy & Financing’s (HCPF) Office of Appeals. | | | | | | | | | | | | | | | | |
| Judge: | | |  | | | | Hearing type: | | | Choose an item. | | | | |  | |
| Date of Hearing: | | | |  | | | | Hearing Loction: | | |  | | | |  | |
| Time Hearing Started: | | | | |  | Time Hearing Ended: | | |  | | Approximate duration: | | |  |  | |
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| Check here if the hearing took place on multiple days. | | | | | | | | | | | | | | | | |
| *Date of Hearing:* | | | |  | | | | *Hearing Loction:* | | |  | | | |  | |
| Time Hearing Started: | | | | |  | Time Hearing Ended: | | |  | | Approximate duration: | | |  |  | |
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| **The official recording of the hearing will be sent to Aapex Legal Services, LLC, a transcribing agency, to prepare the written transcript. The Department of Healthcare Policy and Financing will pay Aapex for the cost of the transcript and the cost of one copy for the Appellant/Petitioner.** | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  |  | The Appellant states that they have notified the Office of Appeals in writing (1570 Grant Street, Denver, CO | | | | | | | | | | | | | | | |
|  |  | 80203) that they are requesting a transcript and the new due date is: | | | | | | | | | |  | | | |  | |
|  | | | | | | | | | | | | (due date) | | | |  | |
|  |  | The Appellant stated that they will notify the Office of Appeals in writing that they are requesting a transcript | | | | | | | | | | | | | | | |
|  |  | and will further notify AapexLegal Services by calling 303-532-7856 of the new due date as soon as it is received. | | | | | | | | | | | | | | | |
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|  | Prepared by | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | |  |
| First Name | | | |  | | | | | Last Name: | |  | | | | | | | | | Middle Initial | | | | | |  | Suffix | | |  |  |
| Company | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Address | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| City | | |  | | | | | | | State | | | |  | | | | Zip |  | | | | Phone | |  | | | | | |  |
| E-mail | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| To be completed by the OAC | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Request Logged in LF | | | | |  | | | Hearing medium copied | | | | | | | | |  | | | | | Recording sent to Aapex for transcription | | | | | |  | | |  |
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