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| **Hearing Confirmation** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Workers’ Comp. Hearing Dates | | | | | | | | | | | | | | | | | | | | | **http://www.colorado.gov/oac/available-hearing-dates** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Today’s Date: | | |  | | | | | | | | | | | | |  | | | **WC No:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |
| Claimant’s Name: | | | | |  | | | | | | | | | | | | | | | | | | | | | | Application Date: | | | | | | | | | | | |  | | | | | | | | |  |
| If this is a continuation of a previously held hearing, please enter the name of the presiding Judge: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | *Is this for a Reset?* | | | | | |  | Yes | | |  | | No | | |  |
| Date of Hearing: | | | |  | | | | |  | | Time of Hrng: | | | | | |  | | | | | | | Location of Hrng: | | | | | | | | | | | | |  | | | | | | | | | | |  |
| *Attorney or Pro Se party confirming the hearing date:* | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | |  |
|  | | | | | | | | | First Name | | | | | | | | | | | | | | | | | | | | | | |  | | Last Name | | | | | | | | | | | | | |  |
| *Staff Person submitting confirmation* | | | | | | |  | | | | | | | | | | | | | | | | | | | Email: | | | | | | | |  | | | | | | | | | | | | | |  |
| Representing: | | | | | | | |  | | Claimant | |  | | Respondent (Specify which)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| I hereby certify that I mailed or delivered true and correct copies of the Hearing Confirmation to all parties at the addresses shown below: (A claimant must provide a copy to the employer and the insurer, or their attorney.): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Party 1 | | First Name | | | |  | | | | | | | | | MI | | |  | | | | Last Name | | |  | | | | | | | | | | | | | | | | | Suffix | |  | | |  | |
| Company | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| City | | | |  | | | | | | | | | | | | | | State | | |  | | | | | | Zip | |  | | | | | | | Phone | | |  | | | | | |  | |
| E-mail | | | |  | | | | | | | | | | | | | | | | | | | | | | Recipient is: | | | | | | |  | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Party 2 | | First Name | | | |  | | | | | | | | | MI | | |  | | | | Last Name: | | |  | | | | | | | | | | | | | | | | | Suffix | |  | | |  | |
| Company | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| Address | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| City | | | |  | | | | | | | | | | | | | | State | | |  | | | | | | Zip | |  | | | | | | | Phone | | |  | | | | | |  | |
| E-mail | | | |  | | | | | | | | | | | | | | | | | | | | | Recipient is: | | | | | | | |  | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | **NOTICE:** The Office of Administrative Courts will send a Notice of Hearing to attorneys for a party in this action, and to unrepresented parties **by e-mail**. Please contact the Office of Administrative Courts if you have not received a copy of the notice of hearing within 45 days of the hearing date. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | Signature of person submitting request | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Date served | | | | | | | | | | Rev 2/15 | | |