



**Industrial Claim Appeals Office
BRIEF**

**A brief, or written argument, is nothing more than a written statement of the reasons you disagree or agree with the Hearing Officer's Decision. There is no particular format that must be followed when submitting a written argument. If there are specific portions of the hearing recording that support your position, be sure to refer to them in your statement. **

Appropriate issues to raise in the written argument may include:

- The Hearing Officer failed to give sufficient weight to certain evidence introduced at the hearing.
- The Hearing Officer improperly ruled against requests you made during the hearing.
- The decision is not supported by the facts.
- The decision is incorrect as a matter of law.
- Other issues you may have with the decision or how the hearing was conducted.

A written argument is NOT an invitation to submit "new" evidence that was not presented at the hearing. It IS your opportunity to present statements based on the evidence reflected in the hearing that point out the factors the Panel should consider in making their decision.

BRIEFING PARTY INFORMATION

Briefing Party: Claimant Employer Division (Please Choose One)

Claimant Name:

Employer Name:

Docket Number: Hearing Date(s): Phone:

Street Address or PO Box:

City: State: ZIP Code:

Check if this is a new address. Last 4 digits of SSN (of claimant):

AUTHORIZED REPRESENTATIVE INFORMATION (IF APPLICABLE)

Name of Representative:

Street Address or PO Box:

City: State: ZIP Code:

Phone:

STATEMENT

Please provide an explanation for your argument and all supporting evidence. Any information you submit to this office will be copied and forwarded to the opposing party. Please use additional paper if needed.



COLORADO
Department of
Labor and Employment

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To submit this form, please choose ONE of the following methods only.
MAIL: INDUSTRIAL CLAIM APPEALS OFFICE, PO Box 18291, Denver, CO 80218-0291
FAX: 303-318-8139
HAND DELIVERY: 633 17TH STREET, 2ND FLOOR RECEPTION, DENVER, CO 80202
EMAIL: cdle_icao@state.co.us
If you have any questions regarding this form, or the appeal process please call 303-318-8133.