



# Colorado

## Department of Personnel & Administration Office of Administrative Courts

1525 Sherman Street, 4<sup>th</sup> Floor | Denver, CO 80203 | [www.colorado.gov/oac](http://www.colorado.gov/oac)

### Audio Recording Request

**This form IS NOT to be used when requesting a transcript in connection with a Petition to Review.**

Today's Date: \_\_\_\_\_ Case No: \_\_\_\_\_  
 Claimant/Party's Name: \_\_\_\_\_ Party Represented by Requestor \_\_\_\_\_  
 Date of Hearing: \_\_\_\_\_ Location of Hearing: \_\_\_\_\_  
*If Denver, please specify Courtroom:*      1      2      3      4      5      6  
 Time Hearing Started: \_\_\_\_\_ Time Hearing Ended: \_\_\_\_\_ Judge: \_\_\_\_\_

**Requests for written transcripts will be forwarded to an outside transcription service for preparation. If requesting a transcript, you must provide the name and address of the transcriptionist or court reporter to whom OAC will send a copy of the recording.**

I am requesting a copy of:

CD recording of the hearing only.

Written transcript of the hearing only. Name and address of transcriptionist attached.

Both the CD recording and written transcript of the hearing. Name and address of transcriptionist attached.

By signing this request, I acknowledge that the filing of this form with the Office of Administrative Courts **does not** constitute filing an appeal of this case. I further acknowledge that if this request is in conjunction with a Worker's Compensation Petition to Review or other form of Appeal that additional filing requirements may need to be met pursuant to any and all applicable rules of the agency/department involved.

X

Signature \_\_\_\_\_

Attorney Registration Number \_\_\_\_\_

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_

I hereby certify that I mailed or delivered the original of the Audio Recording Request to all parties at the addresses shown below: (A claimant must provide a copy to the employer and the insurer, or their attorney.):

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_  
 Signature \_\_\_\_\_ Date Mailed \_\_\_\_\_

REV 11/13

A \$1.00 charge will be assessed for duplication of Audio Recordings to CD. This fee is waived for requests in connection with the filing of Exceptions in benefit cases. When the copy of the hearing is ready, the requestor will be notified by phone. The Requestor is responsible for arranging pick up of the recording. If the Requestor wants the recording mailed to them, they must also submit an addressed envelope with sufficient postage affixed to it.