



COLORADO
Department of
Labor and Employment

**Industrial Claim Appeals Office
REQUEST FOR A NEW HEARING**

**If neither you nor an authorized representative participated at the hearing that was held, you may request a new hearing by completing this form and providing a detailed explanation as to why you missed the hearing in the space provided below. The request must be received within 20 calendar days from the date the Hearing Officer's Decision was mailed. If you are submitting your request late, you must also explain why the request is late. Please include a detailed explanation for the delay in the space below. **

REQUESTING PARTY INFORMATION

Requesting 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:

EXPLANATION

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.