

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
INDUSTRIAL CLAIM APPEALS OFFICE
PO BOX 18291, DENVER, CO 80218
PHONE: 303-318-8133 FAX: 303-318-8139 Email : cdle_icaos@state.co.us

REQUEST FOR APPEAL OF A HEARING OFFICER'S DECISION

** If either you or your representative participated in the previous hearing, and you disagree with the Hearing Officer's decision, you may use this form to appeal the decision. If neither you nor an authorized representative participated at the hearing that was held, you may request a new hearing. Please complete and submit the **Request for New Hearing Form** to request a new hearing.

Appealing party: Claimant Employer Division (**Please circle one**) Hearing Date(s): _____
Claimant Name: _____ Docket Number: _____
Employer Name: _____ Last 4 digits of Social Security No. (of claimant): _____

Appealing Party Address: Street or PO Box City, State and Zip Code Telephone Number <input type="checkbox"/> Check if this is a new address	Authorized Representative (if applicable): Name Street Address or PO Box City, State and Zip Code Telephone Number
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Please provide your appeal statement in the space provided below. If we do not receive your appeal by the 20th calendar day from the date the hearing officer's decision was mailed, you must show good cause for your late appeal before the appeal will proceed. Please provide a detailed explanation for the late appeal below. Any information you submit to this office will be copied and forwarded to the opposing party.

Additional space provided on next page.

For Appeals Only: One party or their representative from each side will receive one (1) audio CD copy of the recorded hearing testimony at no cost.

WRITTEN TRANSCRIPT: Pursuant to rule 11.2.15.2, 7 Code Colo. Reg. 1101-2, either party may request and pay for a written transcript. The transcript will be in (.pdf) format on a compact disc unless otherwise requested. The party **must** include with the request for the transcript the approximate cost of the transcript **or** a completed transcript waiver form (see below). The estimated cost of the written transcript is included in the Appeal Rights section of the Hearing Officer's Decision. Acceptable methods of payment are money order or check made payable to the ICAO. Do not send cash through the mail.

Please check one:

- I request a written transcript of the hearing(s) and am enclosing payment for the approximate cost of the transcript.
- I request a written transcript of the hearing(s) and am enclosing a completed Application for Transcript Fee Waiver Form.

Please [click here](#) to access the transcript fee waiver application.

To submit this form, please choose ONE of the following methods only.

MAIL: INDUSTRIAL CLAIM APPEALS OFFICE, PO Box 18291, Denver, CO 80218-0291
HAND DELIVERY: 633 17TH STREET, 2ND FLOOR RECEPTION, DENVER, CO 80202

FAX: 303-318-8139
EMAIL: cdle_icaos@state.co.us

