

**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_icao@state.co.us**

APPLICATION FOR TRANSCRIPT FEE WAIVER

If the Hearing Officer's Decision is appealed, one party or their representative from each side will receive an audio CD copy of the recorded hearing testimony at no cost. If an interested party requires a written transcript due to a disability or requires a transcript for other reasons **and** is indigent, the fee may be waived. Please complete the appropriate sections below that apply to the reason for your request. The application will be reviewed and you will receive a written response to your application.

To the appealing party: The transcript fee or this **Application for Transcript Fee Waiver** must be included with your request for a transcript to the Industrial Claim Appeals Office.

Estimated cost of the transcript: (see the Appeal Rights section of the Hearing Officer's Decision): \$ _____

Applicant: **Claimant** **Employer (Please circle one)**

Hearing Date(s): _____

Claimant Name: _____

Docket Number: _____

Employer Name: _____

Last 4 digits of Social Security No. (of claimant): _____

Applicant's Address:

Authorized Representative (if applicable):

Street or PO Box

Name

City, State and Zip Code

Street Address or PO Box

Telephone Number

City, State and Zip Code

Check if this is a new address

Telephone Number

SECTION I: EXPLANATION

Are you requesting a written transcript because of a disability? Yes No

Please complete the following statement: (Attach additional sheets if needed)

I am unable to use an audio recording and need a written transcript because:

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT

SECTION II: FINANCIAL HARDSHIP

Employer: Instead of completing Section II, include a copy of the most current tax return for the business.

Household status of claimant: Single Married Separated Divorced

No. of dependents: Spouse _____ Other _____ Children _____ Ages of Children _____

Vehicles Owned: Year/Make _____ Value \$ _____ Year/Make _____ Value \$ _____

Bank accounts or other financial accounts:

	Account balance:		Account balance:
Checking	\$ _____	Other	\$ _____
Savings	\$ _____	Amount of cash on hand	\$ _____

Value of property and real estate owned: \$ _____

Gross monthly income of all household members:

Earnings – claimant \$ _____
Earnings – spouse \$ _____
Earnings - other members \$ _____

List other sources of income for household members, including income such as AFDC, unemployment, welfare, social security retirement pension, etc.

_____ \$ _____
_____ \$ _____
_____ \$ _____
_____ \$ _____

Monthly expenses of household:

Rent/House Payment \$ _____
Utilities \$ _____
Food \$ _____
Clothing \$ _____
Alimony/Child Support \$ _____
Medical Bills \$ _____
Installment Payments \$ _____
Other \$ _____

Total household income: \$ _____

Total Monthly Expenses: \$ _____

Type your name in the box to affirm that the above information is true and accurate.

Signature of Requestor _____ **Date Signed** _____