

**STATE OF COLORADO
OFFICE OF ADMINISTRATIVE COURTS**

Claimant,

vs.

Employer, and

Respondent.

▲ **COURT USE ONLY** ▲

WC NUMBER:

DATE OF INJURY:

AMENDMENT TO _____ APPLICATION FOR HEARING

Date of Application for Hearing

A. Application for Hearing:

Filed by

or for: _____

(Print Name of Party)

It is requested that this matter be set for hearing in (check one):

Durango

Glenwood Spgs

Grand Jct.

Greeley

Colorado Springs

Pueblo

Denver

Check here to certify that you have attempted to resolve with the other parties all issues listed on the application for hearing (Section 8-43-211(2)(e), C.R.S.)

Check here if compensability is contested, or if this hearing is requested in response to a final admission of liability or to contest a conclusion in a Division sponsored independent medical examination.

The following issues shall be considered at the hearing:

Compensability

Medical Benefits

Authorized provider

Reasonably necessary

Average Weekly Wage

Petition to Reopen Claim

Disfigurement

Temporary Total Benefits from

_____ to _____ Ongoing

Temporary Partial Benefits from

_____ to _____ Ongoing

Permanent Partial Disability Benefits

Permanent Total Disability Benefits

Death Benefits

Penalties: Describe with specificity the grounds on which a penalty is asserted, including the order, rule or section of the statute allegedly violated, and the dates on which you claim the violation began and ended.

(Attach additional pages as needed)

Other issues to be heard at this hearing are (such as maximum medical improvement, termination of benefits, etc) *(Attach additional pages as needed)*:

Witnesses to be called at the hearing or by deposition: List names and addresses:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

(Attach additional pages as necessary)

B. Request for the OAC to Set the Matter for Hearing Rule 8(H) OACRP:

If you are not represented by an attorney and would like the Office of Administrative Courts to set this case for you, please check here: Complete Sections C and D.

The undersigned will contact the Office of Administrative Courts, at www.colorado.gov/oac, to obtain dates for hearing. The applicant shall confer with the opposing parties and file a written confirmation with the OAC.

C. Signature:

X

Signature Attorney Registration Number

First Name _____ MI ____ Last Name _____ Suffix _____

Company _____

Address _____

City _____ State ____ Zip _____ Phone _____

E-mail _____ I am the: _____

D: Certificate of Mailing

I hereby certify that I mailed or delivered true and correct copies of the AMENDED APPLICATION FOR HEARING to all parties at the addresses shown below: (A claimant must provide a copy to the employer and the insurer, or their attorney.):

Party 1	First Name _____ MI ____ Last Name _____ Suffix _____
	Company _____
	Address _____
	City _____ State ____ Zip _____ Phone _____
	E-mail _____ Recipient is the: _____

Party 2	First Name _____ MI ____ Last Name _____ Suffix _____
	Company _____
	Address _____
	City _____ State ____ Zip _____ Phone _____
	E-mail _____ Recipient is the: _____

Signature of person submitting document

Date served