

**STATE OF COLORADO
OFFICE OF ADMINISTRATIVE COURTS**

Claimant,

vs.

Employer, and

Respondent.

▲ **COURT USE ONLY** ▲

WC NUMBER:

DATE OF INJURY:

**APPLICATION FOR EXPEDITED HEARING
ONE-TIME CHANGE OF AUTHORIZED TREATING PHYSICIAN**

An Expedited Hearing is requested pursuant to Rule 8-5(C), Workers' Compensation Rules of Procedure (check all that apply):

Claimant has requested a one-time change of physician (You must attach a copy of the notice.);

Insurer has provided a written objection within 7 business days of the request (You must attach a copy of the written objection.);

There exists a factual dispute requiring a hearing. (state below the factual dispute(s) that exist).

The opposing party may file a response to this Application for Expedited Hearing within 10 days of the mailing or delivery of this Application for Expedited Hearing.

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

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

(Attach additional pages if necessary)

The Office of Administrative Courts will set this case for hearing and will send notice to the parties.

X _____
Signature Attorney Registration Number

First Name _____ MI ____ Last Name: _____ Suffix _____

Company _____

Address _____

City _____ State ____ Zip ____ Phone _____

E-mail _____ I am the: _____

I hereby certify that I mailed or delivered true and correct copies of the APPLICATION FOR EXPEDITED HEARING ONE-TIME CHANGE OF AUTHORIZED TREATING PHYSICIAN 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