

**STATE OF COLORADO  
OFFICE OF ADMINISTRATIVE COURTS**

1525 Sherman Street, 4<sup>th</sup> Floor, Denver, CO 80203 Fax: (303)866-5909  
1259 Lake Plaza Drive, Suite 230, Colo. Springs, CO 80906 Fax: (719) 576-2978  
222 S. 6<sup>th</sup> Street, Suite 414, Grand Jct., CO 81501 Fax: (970)248-7341

\_\_\_\_\_  
Claimant,

vs.

\_\_\_\_\_  
Employer, and

\_\_\_\_\_  
Respondent.

▲ COURT USE ONLY ▲

WC NUMBER:

DATE OF INJURY:

**APPLICATION FOR HEARING AND NOTICE TO SET**

**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      Pueblo      Colorado Springs      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	Temporary Total Benefits from _____ to _____
Medical Benefits	
Authorized provider	Temporary Partial Benefits from _____ to _____
Reasonably necessary	
Average Weekly Wage	Permanent Partial Disability Benefits
Petition to Reopen Claim	Permanent Total Disability Benefits
Disfigurement	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.

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

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)

**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: \_\_\_\_\_ Do not fill out Section C. Complete Sections D and E.

**C. Notice to Set Rule 8(F) OACRP:**

A setting date shall be at least ten days and no more than twenty days after this **APPLICATION FOR HEARING AND NOTICE TO SET** has been mailed. The undersigned will contact the Office of Administrative Courts, at [www.colorado.gov/dpa/oac/WCSet.htm](http://www.colorado.gov/dpa/oac/WCSet.htm) on \_\_\_\_\_ to set this matter for hearing. Other parties called by the undersigned to confirm a date. Personnel authorized to confirm settings should be available with a calendar at that time.

**D. Signature:**

**X** \_\_\_\_\_  
Signature Attorney Registration Number

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
E-mail \_\_\_\_\_

**E: Certificate of Mailing**

I hereby certify that I mailed or delivered true and correct copies of the Application for Hearing and Notice to Set to all parties at the addresses shown below. (A claimant must provide a copy to the employer and the insurer, or their attorney.):

Claimant/Respon- dent or their Representative:	First Name _____ Last Name: _____ Middle Initial _____ Suffix _____
	Company _____
	Address _____
	City _____ State ____ Zip _____ Phone _____
	E-mail _____

Employer or their Representative:	First Name _____ Last Name: _____ Middle Initial _____ Suffix _____
	Company _____
	Address _____
	City _____ State ____ Zip _____ Phone _____
	E-mail _____

Other:	First Name _____ Last Name: _____ Middle Initial _____ Suffix _____
	Company _____
	Address _____
	City _____ State ____ Zip _____ Phone _____
	E-mail _____

Signature \_\_\_\_\_

Date Mailed \_\_\_\_\_

**REV 11/13**