

**STATE OF COLORADO
OFFICE OF ADMINISTRATIVE COURTS**

Claimant,

vs.

Employer, and

Respondent.

▲ **COURT USE ONLY** ▲

WC NUMBER:

DATE OF INJURY:

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. Colorado Springs Greeley 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(4), 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 _____ Ongoing
Medical Benefits	Temporary Partial Benefits from _____ to _____ Ongoing
Authorized provider	Permanent Partial Disability Benefits
Reasonably necessary	Permanent Total Disability Benefits
Average Weekly Wage	Death Benefits
Petition to Reopen Claim	
Disfigurement	

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 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 request

Date served

Rev 3/15