

**STATE OF COLORADO
OFFICE OF ADMINISTRATIVE COURTS**

1525 Sherman Street, 4th Floor, Denver, CO 80203 Fax: (303)866-5909
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Claimant,

vs.

Employer, and

Respondent.

▲ COURT USE ONLY ▲

WC NUMBER:

CASE INFORMATION SHEET (CIS) filed by: _____

1. This matter is set for hearing on _____, in _____
(hearing location) at _____ (time)

2. **Case Status** - *Check and complete, as appropriate:*

- The parties have conferred in the last 30 days and have made a good faith effort to resolve the issues set for hearing.
- The parties have not conferred in the last 30 days.
- Is a Pre-hearing or settlement conference scheduled?
Yes, on _____
No

3. **DISCOVERY** - *Check one:*

- Discovery has not been conducted, or discovery has been completed.
Discovery has not been completed. (State briefly what discovery is incomplete, including a list of any
- pending motions regarding any discovery disputes:

4. **STIPULATIONS TO BE OFFERED AT HEARING:**

5. **ISSUES REMAINING FOR DETERMINATION** - *Check all issues that remain:*

- | | |
|---|---|
| <input type="checkbox"/> Compensability | <input type="checkbox"/> AWW (average weekly wage) |
| <input type="checkbox"/> Petition to Reopen | <input type="checkbox"/> TPD (temporary partial disability) |
| <input type="checkbox"/> Medical Benefits - Authorized provider | <input type="checkbox"/> TTD (temporary total disability) |
| <input type="checkbox"/> Medical Benefits - Reasonably needed | <input type="checkbox"/> PPD (permanent partial disability benefits) |
| <input type="checkbox"/> Disfigurement | <input type="checkbox"/> PTD (permanent total disability benefits) |
| <input type="checkbox"/> Death Benefits | <input type="checkbox"/> Other - <i>Explain below or on a separate sheet:</i> |
| <input type="checkbox"/> Penalties - <i>Explain below or on a separate sheet:</i> | |

6. List the lay witnesses you intend to call in your case-in-chief:

<u>Name</u>	<u>Live or By Telephone?</u>	Will the Witness Travel Over 100 Miles?
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. List the expert witnesses you intend to call in your case-in-chief:

<u>Name</u>	<u>Live or By Telephone?</u>	Will the Witness Travel Over 100 Miles?
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. **INTERPRETER:** If you will be using an interpreter, please state the interpreter's name, or the name of the agency providing the interpreter, and the language:

9. Estimated length of time to complete your direct examination of witnesses at the hearing:

10. **Signature:**

X _____

<u>Signature</u>		<u>Attorney Registration Number</u>	
First Name _____	Last Name: _____	Middle Initial _____	Suffix _____
Company _____			
Address _____			
City _____	State ____	Zip _____	Phone _____
E-mail _____			

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

Claimant/Respondent 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