



Colorado

Department of Personnel & Administration Office of Administrative Courts

1525 Sherman Street, 4th Floor | Denver, CO 80203 | www.colorado.gov/oac

Hearing Cancellation

Today's Date: _____ WC No: _____

Claimant's Name: _____

Date of Hearing: _____ Time of Hearing: _____ Location of Hearing: _____

Name of person canceling this Hearing: _____

Check here to certify that you have conferred with the opposing party and that they agree to cancel this hearing

Reason for Cancellation: Issue(s) Resolved
Case Settled
Application Withdrawn

Fax No.: _____ Email Address: _____
Representing: Claimant Respondent

I hereby certify that I mailed or delivered true and correct copies of the Hearing Cancellation 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