



Hearing Confirmation

Workers' Comp. Hearing Dates <http://www.colorado.gov/oac/available-hearing-dates>

Today's Date: _____ WC No: _____

Claimant's Name: _____ Application Date: _____

If this is a continuation of a previously held hearing, please enter the name of the presiding Judge: _____ Is this for a Reset? Yes No

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

Attorney or Pro Se party confirming the hearing date: _____
First Name Last Name

Staff Person submitting confirmation _____ Email: _____

Representing: _____ Respondent (Specify which) _____

I hereby certify that I mailed or delivered true and correct copies of the Hearing Confirmation 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: _____

Party 2	First Name _____ MI _____ Last Name: _____ Suffix _____
	Company _____
	Address _____
	City _____ State _____ Zip _____ Phone _____
	E-mail _____ Recipient is: _____

NOTICE: The Office of Administrative Courts will send a Notice of Hearing to attorneys for a party in this action, and to unrepresented parties **by e-mail**. Please contact the Office of Administrative Courts if you have not received a copy of the notice of hearing within 45 days of the hearing date.

Signature of person submitting request

Date served