

**STATE OF COLORADO
OFFICE OF ADMINISTRATIVE COURTS**

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 Claimant,

vs.

 Employer, and

 Respondent.

▲ **COURT USE ONLY** ▲

WC NUMBER:

DATE OF INJURY:

ENTRY OF APPEARANCE

You are hereby notified that the undersigned attorney is entering his/her appearance in the above-captioned matter before the Office of Administrative Courts, pursuant to Rule 8(G), O.A.C.R.P. I am representing the following client(s):

- ___ (1) Claimant _____ (Name of Party)
- ___ (2) Carrier _____ (Name of Party)
- ___ (3) Dependent _____ (Name of Party)
- ___ (4) Employer _____ (Name of Party)
- ___ (5) Other _____ (Name of Party)

X _____
Signature **Attorney Registration Number**

First Name _____ Last Name: _____ Middle Initial _____ Suffix _____

Company _____

Address _____

City _____ State ____ Zip ____ Phone _____

E-mail _____

I hereby certify that I mailed or delivered a true and correct copy of the Entry Of Appearance 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 _____