

**STATE OF COLORADO  
OFFICE OF ADMINISTRATIVE COURTS**

\_\_\_\_\_  
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 \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
 E-mail \_\_\_\_\_

I hereby certify that I mailed or delivered true and correct copies 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.):

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