

<p><b>STATE OF COLORADO</b>  <b>OFFICE OF ADMINISTRATIVE COURTS</b>          1525 Sherman Street, 4<sup>th</sup> Floor, Denver, CO 80203</p>	
<p>In the Matter of the Workers' Compensation Claim of:</p> <p>Claimant,</p> <p>VS.</p> <p>Employer, and</p> <p>Insurer, Respondents.</p>	<p>▲ <b>COURT USE ONLY</b> ▲</p> <p><b>CASE NUMBER:</b></p>
<p><b>PETITION TO REVIEW AND REQUEST FOR TRANSCRIPT</b></p>	

TO THE DENVER OFFICE OF ADMINISTRATIVE COURTS:

The ( claimant/ employer/ insurance carrier) petitions for review the order of the Administrative Law Judge \_\_\_\_\_ (ALJ) mailed or served on \_\_\_\_\_ (date).

Petitioner objects to the Findings of Fact, Conclusions of Law, and Order of the ALJ on the following ground(s):

*(Set forth in detail the particular alleged errors and your objections to the order. You may attach additional pages):*

The Petitioner requests that a transcript(s) of the hearing be prepared and included as part of the record for the Petition to Review. If requesting a partial transcript, also indicate the approximate ending time and description.

Date(s) of Hearing(s):	Room, and Time the hearing began:
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The Petitioner requests that the Office of Administrative Courts transmit the audio recording of the hearing to the following for preparation of the transcript.

**(NOTICE:** A list of firms that have indicated a willingness to prepare transcripts of Workers' Compensation hearings is available on the OAC website: <http://www.colorado.gov/oac> . The Petitioner is responsible for arranging for payment of the transcript, including paying any deposit required by the court reporter or transcriptionist, and requesting an extension of time if the transcript will not be completed within 25 working days of the date the audio recording is sent to the court reporter or transcriptionist. If the original transcript is not timely filed, the request for the transcript will be stricken, a notice and briefing schedule will issue, and the transcript will not be part of the record on review.)

Court reporter or transcriptionist who does not have an interest in the case:

Name and Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone, fax, or e-mail:

\_\_\_\_\_

The Petitioner is indigent and has filed a Form #WC35, Application for Indigent Determination (Transcript), with the Division of Workers' Compensation.

**X** \_\_\_\_\_  
Signature Attorney Registration Number

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

E-mail \_\_\_\_\_ Representing \_\_\_\_\_

*(This Petition to Review must be filed with the Denver Office of Administrative Courts. A Petition to Review filed in another office of the OAC will not be accepted for filing.)*

**CERTIFICATE OF SERVICE**

I hereby certify that I mailed or delivered true and correct copies of this PETITION TO REVIEW to all parties at the addresses shown below.

**Opposing Party 1 or their Representative**

First Name \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Representing \_\_\_\_\_

**Opposing Party 2 or their Representative:**

First Name \_\_\_\_\_ MI \_\_\_\_ Last Name \_\_\_\_\_ Suffix \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_ Representing \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date served