

STATE OF COLORADO OFFICE OF ADMINISTRATIVE COURTS 1525 Sherman Street, 4 th Floor, Denver, CO 80203	<p style="text-align: center;">▲ COURT USE ONLY ▲</p>
In the Matter of the Workers' Compensation Claim of: Claimant, VS. Employer, and Insurer, Respondents.	
PETITION TO REVIEW	

TO THE DENVER OFFICE OF ADMINISTRATIVE COURTS:

The (claimant/ employer/ insurance carrier) petitions to review the order of the Administrative Law Judge _____ (ALJ) mailed or served on _____ (date). No transcript is requested.

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):

X

_____ Signature		_____ Attorney Registration Number	
First Name _____	Last Name: _____	Middle Initial _____	Suffix _____
Company _____			
Address _____			
City _____	State ____	Zip ____	Phone _____
E-mail _____			

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of this document has been delivered to the ALJ and to the following parties, at the addresses shown and on the date below:

(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.)

Office of Administrative Courts
1525 Sherman Street, 4th Floor
Denver, CO 80203

I hereby certify that I mailed or delivered the original of the Petition to Review to all parties at the addresses shown below.

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
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