

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

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. Attach additional pages as necessary):*

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