

**STATE OF COLORADO  
OFFICE OF ADMINISTRATIVE COURTS**

\_\_\_\_\_  
Claimant,

vs.

\_\_\_\_\_  
Employer, and

\_\_\_\_\_  
Respondent.

▲ **COURT USE ONLY** ▲

**WC NUMBER:**

\_\_\_\_\_  
**DATE OF INJURY:**

**APPLICATION FOR EXPEDITED HEARING**

*Complete Section A, B, C, D, E, or F.*

- A. The Respondents have filed a Notice of Contest within the previous 45 days on (date) \_\_\_\_\_ and the Claimant requests an expedited hearing on compensability and medical benefits. (You must attach a copy of the Notice of Contest). Section 8-43-203(1)(a), C.R.S.
- B. There is an urgent need for prior authorization of health care services, as recommended in writing by \_\_\_\_\_, an authorized treating provider, and prior authorization has been denied. (You must attach a copy of the recommendation of the authorized treating provider). The Claimant requests an expedited hearing. Rule 16-10, WCRP.
- C. The Respondents have filed a Petition to Suspend, Modify, or Terminated Compensation on (date) \_\_\_\_\_ and the Claimant filed an objection to the Petition on (date) \_\_\_\_\_. The Respondents request an expedited hearing. (You must attach a copy of the Petition and objection). Rule 6-4, WCRP.
- D. The Claimant provided the Employer with notice of an alleged injury or injuries within the previous 45 days on (date) \_\_\_\_\_. The \_\_\_\_\_ (Claimant or Respondents) request an expedited hearing on the issue of whether the Employer or Insurer provided a list of medical providers/physicians in compliance with section 8-43-404(5), C.R.S.
- E. The Insurer or Self-Insured Employer filed an initial admission of liability for the claim within the previous 45 days on \_\_\_\_\_ (date). The \_\_\_\_\_ (Claimant or Respondents) request an expedited hearing on the issue of whether the Employer or Insurer provided a list of medical providers/physicians in compliance with section 8-43-404(5), C.R.S.
- F. The Insurer or Self-Insured Employer admitted liability within the previous 45 days on \_\_\_\_\_ (date) which included a reduction for compensation pursuant to section 8-42-112, C.R.S. \_\_\_\_\_ (Claimant or Respondents) request an expedited hearing on the issue of whether the Employer or Insurer may reduce compensation.

**The opposing party may file a response to this Application for Expedited Hearing within 10 days of the mailing or delivery of this Application for Expedited Hearing.**

Witnesses to be called at the hearing or by deposition: List names and addresses:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

(Attach additional pages if necessary)

**X** \_\_\_\_\_  
Signature Attorney Registration Number (if applicable)

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

Company \_\_\_\_\_

Address \_\_\_\_\_

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

E-mail \_\_\_\_\_ Signor is: \_\_\_\_\_

I hereby certify that I mailed or delivered true and correct copies of the APPLICATION FOR EXPEDITED HEARING 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 serving Application

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

Rev 6/16