

COLORADO DEPARTMENT OF LABOR AND EMPLOYMENT
Division of Workers' Compensation
633 17th St., Suite 400
Denver, CO 80202-3626

ENTRY OF APPEARANCE

Claimant

Workers' Compensation Number

Employer

Date of Injury

Insurer

Claimant Social Security Number

You are hereby notified that the undersigned attorney is entering his/her appearance in the above-captioned matter. I am representing the following client.

- _____ (1) Claimant
- _____ (2) Carrier _____ (Name of party)
- _____ (3) Dependent _____ (Name of party)
- _____ (4) Employer _____ (Name of party)
- _____ (5) Other _____ (Name of party)

Attorney (print name)

Attorney Registration Number

Office Code

Address

City

State

Zip Code

Phone

Attorney Signature