

COLORADO DIVISION OF WORKERS' COMPENSATION

WORKER'S CLAIM FOR COMPENSATION TRANSMITTAL

Submitted By:

Attorney: _____
Mailing Address _____ Phone # () _____

Fax # () _____

An Entry of Appearance MUST accompany this form.

NAME	SS#	DOI	WC# Division Assigned

INSTRUCTIONS

The Worker's Claim for Compensation Transmittal Form (Transmittal) is used by attorneys at law to submit Worker's Claims for Compensation. The Transmittal Form **MUST** be accompanied by an Entry of Appearance form. The Transmittal will be returned via fax noting the Workers' Compensation number (WC#) assigned by the Division. This WC# must be listed on all future documents relating to the claim.

The Transmittal **MUST** be placed on top of the Entry of Appearance.

Attorney: List the name of the attorney submitting the form.

Mailing Address: List the mailing address of the attorney submitting the form.

Phone #: List the telephone number of the attorney submitting the form.

Fax #: List the Fax number of the attorney submitting the form.

Name: List the name of the claimant.

SS #: List the Social Security Number of the claimant.

DOI: List the date of injury.

WC#, Division Assigned: Do not complete. The Division will assign the Workers' Compensation number.

Mail or Deliver to:

**Division of Workers' Compensation
633 17th St., Suite 400
Denver, CO 80202-3626
303.318.8700**