

STATE OF COLORADO  
DIVISION OF WORKERS' COMPENSATION

W.C. No(s):  
Carrier No(s):

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**MOTION TO CLOSE CLAIM FOR FAILURE TO PROSECUTE**

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IN THE MATTER OF THE WORKERS' COMPENSATION CLAIM(S):

, Claimant,

v.

, Employer,

and

, Carrier/Self-Insured

, Insurer/Respondents.

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The Respondent(s), pursuant to Rule 7-1(C) of the Workers' Compensation Rules of Procedure, move that the Director close this claim on the ground that there has been no activity in furtherance of prosecution of this claim in the past six months.

Specific facts supporting closure are:

WHEREFORE, Respondent(s) move that this claim be closed for failure to prosecute.

Dated:

Respectfully submitted,

By: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address and telephone number)

**W.C. #:**

**RE:**

**CERTIFICATE OF MAILING:**

I hereby certify that on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, a true and correct copy of the foregoing MOTION TO CLOSE CLAIM FOR FAILURE TO PROSECUTE, was placed in the U.S. mail, postage prepaid and properly addressed to:

**Claimant Name:**

Address:

City / State / Zip:

**Claimant's Attorney:**

Address:

City / State / Zip:

**Carrier or Self-Insured:**

Address:

City / State / Zip:

**Carrier's Attorney:**

Address:

City / State / Zip:

**Other (please specify):**

**Original:**

**Division of Workers' Compensation**

633 17<sup>th</sup> St., Suite 400

Denver, CO 80202

By: \_\_\_\_\_

STATE OF COLORADO  
DIVISION OF WORKERS' COMPENSATION

W.C. No(s):  
Carrier No(s):

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**ORDER TO SHOW CAUSE**

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IN THE MATTER OF THE WORKERS' COMPENSATION CLAIM(S):

, Claimant,

v.

, Employer,

and

, Carrier/Self-Insured

, Insurer/Respondents.

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Notice to Claimant:

The Division of Workers' Compensation has received a request from your employer or workers' compensation insurance carrier that your case be closed since there has been no activity on your claim for the last six months.

- 1) You must tell the Division of Workers' Compensation what recent effort you have made or are making to pursue your claim for workers' compensation benefits and why you think your claim should remain open. You must show good cause as to why your claim should not be closed. This must be done in writing, and you must send a copy to the employer **and** insurance carrier.
- 2) If you did not already send a response to the request to close your claim, or if you do not mail or deliver a response within thirty (30) days of the date of the Certificate of Mailing attached to this Order, your claim will be automatically closed. Your written response must be filed with the Director, at the Division of Workers' Compensation, 633 17<sup>th</sup> Street, Suite 400, Denver, CO 80202.
- 3) The closure of your claim will not affect ongoing benefits which have been admitted by the employer, the insurer (such as medical benefits after maximum medical improvement), or which have been ordered by an Administrative Law Judge.
- 4) If your case is closed after 30 days, you have the right to petition to reopen your claim, subject to the provisions of § 8-43-303 C.R.S.

IT IS, THEREFORE, ORDERED: That if a response has not already been submitted or is not mailed or delivered to the Division within thirty (30) days showing good cause why this claim should remain open, it will be automatically closed.

Dated:

DIVISION OF WORKERS' COMPENSATION

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BY OR FOR THE DIRECTOR

**W.C. #:**

**RE:**

**CERTIFICATE OF MAILING:**

I hereby certify that on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, a true and correct copy of the foregoing ORDER TO SHOW CAUSE, was placed in the U.S. mail, postage prepaid and properly addressed to:

**Claimant Name:**

Address:

City / State / Zip:

**Claimant's Attorney:**

Address:

City / State / Zip:

**Carrier or Self-Insured:**

Address:

City / State / Zip:

**Carrier's Attorney:**

Address:

City / State / Zip:

**Other (please specify):**

**Original:**

**Division of Workers' Compensation**

633 17<sup>th</sup> St., Suite 400

Denver, CO 80202

By: \_\_\_\_\_