

**STATE OF COLORADO
Division of Workers' Compensation**

WC Number: _____

IN THE MATTER OF THE CLAIM OF

Claimant

v.

**REQUEST FOR DISFIGUREMENT
AWARD (PHOTO)**

Employer,

and

Insurer,
Respondents.

I was injured as the result of an industrial injury or occupational disease that occurred on

month

, _____
day

, _____
year

I have a serious permanent disfigurement to an area of my body normally exposed to public view.
The disfigurement is to my _____

list part or parts of body that are normally exposed to public view

The injury occurred at least six months ago, or my authorized treating physician has placed me at maximum medical improvement. I have attached photographs that clearly show the disfigurement, and have dated and signed the back of each photograph.

Signed: _____
Signature of Claimant

Dated: _____

Print Name: _____

Phone: _____

Address: _____

A copy of this completed form and a copy of the photographs must be delivered or mailed to the Respondent-Insurer. The original form with photographs and any other attachments should be delivered or mailed to the Division of Workers' Compensation.

