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| STATE OF COLORADO | | |  | | |
| OFFICE OF ADMINISTRATIVE COURTS | | |
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|  |  | |
|  | In the Matter of the Workers’ Compensation Claim of: | |
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|  |  | , |
|  | Claimant, |  |
|  |  |  |
|  | vs. |  | 🟂 **COURT USE ONLY** 🟂 | | |
|  |  |  |  | | |
|  |  | , | **CASE NUMBER:** | | |
|  | Employer, and |  | **WC** |  |  |
|  |  |  |
|  |  | , |
|  | Insurer, Respondents. | |  |
|  |  | |  |  |  |
| REQUEST FOR SPECIFIC FINDINGS OF FACTAND CONCLUSIONS OF LAW | | | | | |

**TO THE OFFICE OF ADMINISTRATIVE COURTS AND ALJ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

The (  Claimant/  Employer/  Insurer) is dissatisfied with the Summary Order of the Administrative Law Judge that was served on the parties on \_\_\_\_\_\_\_\_\_\_\_\_\_ (date). It is requested that a full order containing specific findings of fact and conclusions of law issue pursuant to Section 8-43-215, C.R.S.

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| X |  | | | | |  | | |  | | | |  | |
|  | Signature | | | | |  | | | Attorney Registration Number | | | |  | |
| First Name | |  | MI |  | Last Name | |  | | | | Suffix |  |  | |
| E-mail | |  | | | | | | Representing | |  | | | |  |

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| **CERTIFICATE OF SERVICE** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby certify that I mailed or delivered true and correct copies of Request for Specific Findings of Fact and Conclusion of Law to all parties at the addresses shown below. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Opposing Party 1 or their Representative | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name |  | MI | | |  | | Last Name | | | | |  | | | | | | | | Suffix |  | |  | | | |
| Company |  | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Address |  | | | | | | | | | | | | | | | | | | | | | |  | | | |
| City |  | | | State | | | |  | | Zip | | | |  | | | Phone | |  | | | |  | | | |
| E-mail |  | | | | | | | | | | | | Representing | | | | |  | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Opposing Party 2 or their Representative: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First Name |  | | MI | |  | Last Name | | | | |  | | | | | | | | | Suffix |  | |  | | | |
| Company |  | | | | | | | | | | | | | | | | | | | | | |  | | | |
| Address |  | | | | | | | | | | | | | | | | | | | | | |  | | | |
| City |  | | | State | | | |  | Zip | | | | | |  | | Phone | |  | | | |  | | | |
| E-mail |  | | | | | | | | | | | | Representing | | | | |  | | | | | | |  |
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| Signature | | | | | | | | | | | | | | | |  | Date Mailed | | | | | REV 3/15 | | | | |