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| STATE OF COLORADO | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| OFFICE OF ADMINISTRATIVE COURTS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | 1525 Sherman Street, 4th Floor, Denver, CO 80203 Email: oac-dvr@state.co.us | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  | | | | 2864 S. Circle Dr., Suite 810, Colo. Springs, CO 80906 Email: oac-csp@state.co.us | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | 222 S. 6th Street, Suite 414, Grand Jct., CO 81501 Email: oac-gjt@state.co.us | | | | | | | | | | | | | | | | | | | | | | | |
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| Claimant, | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| vs. | | | | | | | | | | | | | | | | | | | | | | | | | | | | **WC NUMBER:** | | | | | | | | | | | |
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| Employer, and | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | **DATE OF INJURY:** | | | | | | | | | | | |
| Respondent. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | |  |
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| **APPLICATION FOR HEARING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **A.** | | | | | **Application for Hearing**: | | | | | Filed by or for: | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | | | | | | | | | | | | | (Print Name of Party) | | | | | | | | | | | | | | | | | | | | | | |  | |
| It is requested that this matter be set for hearing in (check one): | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | |  | |  | | | | |  | |
|  | | | Denver | | | | |  | Colorado Spgs | |  | | Grand Jct. | | |  | | Pueblo | | | | | |  | | Glenwood Spgs | | | | | | | |  | |  | | | |
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|  | |  | | | | | Check here to certify that you have attempted to resolve with the other parties all issues listed on the application for hearing (Section 8-43-211(4), C.R.S.). If compensability is contested, or if this hearing is requested in response to a final admission of liability or to contest a conclusion in a Division sponsored independent medical examination, checking this box is not required. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| The following issues shall be considered at the hearing: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | |  | Compensability | | | | | | |  | | | | |  | |  | | Temporary Total Benefits from | | | | | | | | | | | | | | | | |
|  | | | | | |  |  | | | | | | |  | | | | |  | | | | | | | |  | | | | | | | | | | | | |
|  | | | | | |  | Medical Benefits | | | | | | | | | | | | | | | | |  | | | | | to | | |  | | | Ongoing | | | | |
|  | | | | | |  | Authorized provider | | | | | | | | | | | | | | | | | | | | | |  | | | s | | |  | | | | |
|  | | | | | |  |  | | | | | | | | | | | | | | |  | Temporary Partial Benefits from | | | | | | | | | | | | | |  | | |
|  | | | | | |  | Average Weekly Wage | | | | | | | | | | | | | | | | |  | | | | | to | | |  | | | Ongoing | | | | |
|  | | | | | |  | | | | | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | |  | Petition to Reopen Claim | | | | | | | | | | | |  | |  | | Permanent Partial Disability Benefits | | | | | | | | | | | | | | | | |
|  | | | | | |  |  | | | | | | | | | | | |  | |  | |  | | | | | | | | | | | | | | | | |
|  | | | | | |  | Disfigurement | | | | | | | | | | | |  | |  | | Permanent Total Disability Benefits | | | | | | | | | | | | | | | | |
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|  | | | | | |  |  | | | | | | | | | | | |  | |  | | Death Benefits | | | | | | | | | | | | | | | | |
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|  | | | | | |  | Penalties: Describe with specificity the grounds on which a penalty is asserted, including the order, rule or section of the statute allegedly violated, and the dates on which you claim the violation began and ended.  *(Attach additional pages as needed)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | |  | Other issues to be heard at this hearing are (such as maximum medical improvement, termination of benefits, etc) *(Attach additional pages as needed)*: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Witnesses to be called at the hearing or by deposition: List names and addresses: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 2. | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 3. | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 4. | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 5. | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 6. | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | (Attach additional pages as necessary) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **B.** | | **Request for the OAC to Set the Matter for Hearing Rule 8(E) OACRP:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | If you are not represented by an attorney and would like the Office of Administrative Courts to set this case for | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | you, please check here: | | | |  | | | | | | | | | | Complete Sections C and D. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| The undersigned will contact the Office of Administrative Courts, at [www.colorado.gov/oac](http://www.colorado.gov/oac), to obtain dates for hearing. The applicant shall confer with the opposing parties and file a written confirmation with the OAC. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **C.** | | **Signature**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **X** | |  | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | |  | |
|  | | Signature | | | | | | | | | | | | | | | | | | | | | | | | |  | | Attorney Registration Number | | | | | | | | | | | | | |  | |
| First Name | | | |  | | | | MI | | |  | | | Last Name | | | | | | | | |  | | | | | | | | | | | | | | Suffix | |  | | |  | | |
| Company | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| City | | | |  | | | | | | | | | | | State | | |  | | | | | | Zip | | | |  | | | | Phone | |  | | | | | | | |  | | |
| E-mail | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| **D:** | | **Certificate of Mailing** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby certify that I mailed or delivered true and correct copies of the APPLICATION FOR HEARING to all parties at the addresses shown below: (A claimant must provide a copy to the employer and the insurer, or their attorney.): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Party 1 | | First Name | |  | | | | MI | | | |  | | Last Name | | | | | |  | | | | | | | | | | | | | | | Suffix | |  | | |  | | |
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| E-mail | |  | | | | | | | | | | | | | | Recipient is the: | | | | | | | | | | | |  | | | | | | | | | |  | | |
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| Party 2 | | First Name | |  | | | | MI | | |  | | | Last Name | | | | | |  | | | | | | | | | | | | | | | Suffix | |  | | |  | | |
| Company | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
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| City | |  | | | | | | | State | | | | |  | | | | | Zip | | |  | | | | | | | | Phone | |  | | | | | |  | | |
| E-mail | |  | | | | | | | | | | | | | | Recipient is the: | | | | | | | | | | | |  | | | | | | | | | |  | | |
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|  | | Signature of person serving document | | | | | | | | | | | | | | | | | | | | | | |  | | | | Date served | | | | | | | | | | Rev 9/23 | | | |