|  |  |
| --- | --- |
| STATE OF COLORADO |  |
| OFFICE OF ADMINISTRATIVE COURTS |
| Choose an item. |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Claimant, |
| vs. | 🟂 **COURT USE ONLY** 🟂 |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **WC NUMBER:** |
| Employer, and |  |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| Insurer, Respondents. |
| **ENTRY OF APPEARANCE/SUBSTITUTION OF COUNSEL** |
| You are hereby notified that the undersigned attorney is entering his/her appearance in the above-captioned matter before the Office of Administrative Courts, pursuant to Rule 8(C), O.A.C.R.P. I am representing the following client(s): |
|  | Choose an item. |  |  |  |
|  |  |  | Party Name |  |  |
| If substituting as counsel, enter former counsel’s name: |  |  |
| X |  |  |  |  |
|  | Signature  |  | Attorney Registration Number  |  |
| First Name |  | MI  |  | Last Name: |  | Suffix |  |  |
| Company |  |  |
| Address |  |  |
| City |  | State |  | Zip |  | Phone  |  |  |
| E-mail |  |  |
|  |
| I hereby certify that I mailed or delivered true and correct copies of the ENTRY OF APPEARANCE 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 |  |  |
| Company |  |  |
| Address |  |  |
| City |  | State |  | Zip |  | Phone  |  |  |
| E-mail |  | Recipient is the: |  |  |
|  |
| Party 2 | First Name |  | MI |  | Last Name |  | Suffix |  |  |
| Company |  |  |
| Address |  |  |
| City |  | State |  | Zip |  | Phone |  |  |
| E-mail |  | Recipient is the: |  |  |
|  |  |
|  |  |  |  |  |
|  | Signature of person serving document |  | Date served | Rev 9/23 |