

**STATE OF COLORADO  
OFFICE OF ADMINISTRATIVE COURTS**

633 17<sup>th</sup> Street, Suite 1300, Denver, CO 80202 Fax: (303)866-5909  
1259 Lake Plaza Drive, Suite 210, Colo. Springs, CO 80906 Fax: (719) 576-2978  
222 S. 6<sup>th</sup> Street, Suite 414, Grand Jct., CO 81501 Fax: (970)248-7341

\_\_\_\_\_  
Claimant,

vs.

\_\_\_\_\_  
Employer, and

\_\_\_\_\_  
Respondent.

▲ COURT USE ONLY ▲

WC NUMBER:

DATE OF INJURY:

**APPLICATION FOR HEARING AND NOTICE TO SET**

**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      Durango      Glenwood Spgs      Grand Jct.      Alamosa      Greeley      Colorado Springs      Loveland      Pueblo

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(2)(e), C.R.S.)

Check here 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.

The following issues shall be considered at the hearing:

Compensability	Temporary Total Benefits from _____ to _____
Medical Benefits	
Authorized provider	Temporary Partial Benefits from _____ to _____
Reasonably necessary	
Average Weekly Wage	Permanent Partial Disability Benefits
Petition to Reopen Claim	Permanent Total Disability Benefits
Disfigurement	Death Benefits

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.

Other issues to be heard at this hearing are (such as maximum medical improvement, termination of benefits, etc):

Witnesses to be called at the hearing or by deposition: List names and addresses:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

(Attach additional pages if necessary)

**B. Request for the OAC to Set the Matter for Hearing Rule 8(H) 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: \_\_\_\_\_ Do not fill out Section C. Complete Sections D and E.

**C. Notice to Set Rule 8(F) OACRP:**

A setting date shall be on a Tuesday, Wednesday, or Thursday, between the hours of 8:00 am to 12:00 noon or 1:00 pm to 3:00 pm, at least ten days and no more than twenty days after this **APPLICATION FOR HEARING AND NOTICE TO SET** has been mailed.

The undersigned will contact the Office of Administrative Courts, at <http://www.colorado.gov/dpa/oac/WCSet.htm>, or (303) 866-5881 on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ : \_\_\_\_\_ .M., to set this matter for hearing. Other parties will be called by the undersigned to confirm a date. Personnel authorized to confirm settings should be available with a calendar at that time.

**D. Signature:**

X

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Print/Type Name

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Attorney Registration Number

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Fax Number  
(Optional)

\_\_\_\_\_  
**E-Mail Address:** (Failure to provide an e-mail address may result in delay in receipt of any procedural or final order)

\_\_\_\_\_  
Date

**E: Certificate of Mailing**

I hereby certify that I mailed or delivered the original of the Application for Hearing and Notice to Set to:

Office of Administrative Courts  
633 17<sup>th</sup> Street, Suite 1300  
Denver, CO 80202

Office of Administrative Courts  
1259 Lake Plaza Dr., Suite 210  
Colorado Springs, CO 80906

Office of Administrative Courts  
222 South 6<sup>th</sup> Street, Suite 414  
Grand Junction, CO 81501

And copies to all parties at the addresses shown below: (A claimant must provide a copy to the employer and the insurer, or their attorney.)

Claimant/Respondent or their Representative: \_\_\_\_\_

Employer or their Representative: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Mailed

**REV 12/07**