|  |  |
| --- | --- |
| STATE OF COLORADO |  |
| OFFICE OF ADMINISTRATIVE COURTS |
| 1525 Sherman Street, 4th Floor, Denver, CO 80203 |
|  |
| In the Matter of the Workers’ Compensation Claim of: |
|  |
|  |
| Claimant, |
|  |
| vs. | 🟂 **COURT USE ONLY** 🟂 |
|  |  |
|  | **CASE NUMBER:** |
| Employer, and |  |
|  |
|  |
| Insurer, Respondents. |
|  |  |
| **PETITION TO REVIEW** | |

TO THE DENVER OFFICE OF ADMINISTRATIVE COURTS:

The (  claimant/  employer/  insurance carrier) petitions to review the order of the Administrative Law Judge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ALJ) mailed or served on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date). No transcript is requested.

Petitioner objects to the Findings of Fact, Conclusions of Law, and Order of the ALJ on the following ground(s):

*(Set forth in detail the particular alleged errors and your objections to the order. Attach additional pages as necessary):*

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

*(This Petition to Review must be filed with the Denver Office of Administrative Courts. A Petition to Review filed in another office of the OAC will not be accepted for filing.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CERTIFICATE OF SERVICE** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I hereby certify that I mailed or delivered true and correct copies of this PETITION TO REVIEW 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 | | | | |  | | | | | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |  |  | | | | | | |  | | |
| Signature | | | | | | | | | | | | | | | |  | Date served | | | | | REV 3/15 | | | | |