

**STATE OF COLORADO**  
**OFFICE OF ADMINISTRATIVE COURTS**  
1525 Sherman Street, 4<sup>th</sup> Floor, Denver, CO 80203

In the Matter of the Workers' Compensation Claim of:

Claimant,

VS.

Employer, and

Insurer, Respondents.

▲ COURT USE ONLY ▲

CASE NUMBER:

**PETITION TO REVIEW AND REQUEST FOR TRANSCRIPT**

TO THE DENVER OFFICE OF ADMINISTRATIVE COURTS:

The (claimant/employer/insurance carrier) petitions for review the order of the Administrative Law Judge \_\_\_\_\_ (ALJ) mailed or served on \_\_\_\_\_ (date).

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. You may attach additional pages):*

The Petitioner requests that a transcript(s) of the hearing be prepared and included as part of the record for the Petition to Review. If requesting a partial transcript, also indicate the approximate ending time and description.

Date(s) of Hearing(s):

Room, and Time the hearing began:

_____	_____
_____	_____
_____	_____
_____	_____

The Petitioner requests that the Office of Administrative Courts transmit the audio recording of the hearing to the following for preparation of the transcript.

**(NOTICE:** A list of firms that have indicated a willingness to prepare transcripts of Workers' Compensation hearings is available on the OAC website: <http://www.colorado.gov/oac> . The Petitioner is responsible for arranging for payment of the transcript, including paying any deposit required by the court reporter or transcriptionist, and requesting an extension of time if the transcript will not be completed within 25 working days of the date the audio recording is sent to the court reporter or transcriptionist. If the original transcript is not timely filed, the request for the transcript will be stricken, a notice and briefing schedule will issue, and the transcript will not be part of the record on review.)

Court reporter or transcriptionist who does not have an interest in the case:

Name and Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone, fax, or e-mail:

\_\_\_\_\_

The Petitioner is indigent and has filed a Form #WC35, Application for Indigent Determination (Transcript), with the Division of Workers' Compensation.

X

\_\_\_\_\_  
Signature

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

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

### CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of this document has been delivered to the ALJ and to the following parties, at the addresses shown and on the date below:

*(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.)*

#### Office of Administrative Courts

633 17<sup>th</sup> Street, Suite 1300  
Denver, CO 80202

I hereby certify that I mailed or delivered the original of the Petition to Review and Request for Transcript to all parties at the addresses shown below.

**Claimant/Respondent or their Representative**

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Employer or their Representative:**

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Other:**

First Name \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ Suffix \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_ Phone \_\_\_\_\_

E-mail \_\_\_\_\_

\_\_\_\_\_  
Signature

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

**REV 11/13**