

<b>Court:</b> <input type="checkbox"/> District Colorado County: _____ Court Address: _____	<i>This box for court use only.</i>
<b>Parties:</b> Employee/Creditor: _____ & Employer/Debtor: _____	
<b>Filed by:</b> Name: _____ Address: _____ Phone _____ Fax: _____ Email: _____ Bar Number: _____ <small>(For lawyers)</small>	Case Number: _____ Division: _____ Courtroom: _____
<b>Information for Entry of Judgment</b>	

I ask the court to record the certified copy of the Colorado Department of Labor and Employment (the Department) action and make it a judgment of this court.

### Jurisdiction

The court may enter a judgment from a final order awarded by the Department for lost wages (*C.R.S. § 8-4-113(2)*) or for worker’s compensation (*C.R.S. § 8-43-408(3)*). And:

1. The decision is final and past the time to appeal or seek Judicial Review (*C.R.S §§ 8-4-111.5(1), (5); 8-43-301*); and/or;
2. If the decision has been appealed, the Department or presiding court has not granted a stay of action on the judgment.

### Employee Information

If different from the “*Filed By*” section above, enter the employee/creditor’s:

3. Name \_\_\_\_\_
4. Full Address: \_\_\_\_\_
5. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Employer Information** *(last known)*

Enter the last known information for the employer/debtor:

6. Name \_\_\_\_\_

7. Full Address: \_\_\_\_\_

8. Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Judgment Amount**

9. Total amount awarded: \$ \_\_\_\_\_.

10. Please see the **attached certified copy** of the Department citation, notice of assessment, or order.

**Sign & Date**

11. \_\_\_\_\_  
Signature Date