

Dated: _____

Respectfully submitted,

Signature: _____

Print Name: _____

Certificate of Service

I certify that on (date) _____,

I { ☐ mailed }, or { ☐ hand delivered }

this Response to Order of the Court to the Court of Appeals and mailed copies to the people listed below:

(You must send a copy to each party. If a party has a lawyer, send the copy to the lawyer)

Industrial Claim Appeals Office

633 17th St., Suite 200

Denver, CO 80202-3660

Colorado Attorney General

1300 Broadway, 6th Floor

Denver, Colorado 80203

Other Parties (For example, the employer if you are the claimant, or claimant if you are the employer):

Name of Person Served: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Space for other parties served:

Signature: _____

Print Name: _____