Colorado Court of Appeals

2 East 14th Avenue

Denver, CO 80203

Petitioner: _____,
(My Name)

v.

Respondents:

1) Industrial Claim Appeals Office (ICAO), and

2) _____
(For Example: Your Former Employer or Employee)

3) _____

FOR COURT USE

ICAO Docket or Case Number: _____

My Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Court of Appeals Case Number: _____
(Leave Blank)

Notice of Appeal and Opening Brief

1. I Understand:

- I will use this form to make my argument for the appeal.
- I will not file a separate Opening Brief.

2. Date of Order

I am appealing the order mailed on *(date)* _____.
Found on the last page of the order under "Certificate of Mailing."

3. Arguments on Appeal

I believe the ICAO made the wrong decision because: *(Attach more pages as needed.)*

4. Party Information

Supply the contact information for the people responding to the appeal.

1) Lawyer for the ICAO: Colorado Attorney General

1300 Broadway, 6th Floor
Denver, Colorado 80203

2) Name of Respondent: _____.
Your former employer (or employee, if you are the employer).

- **Respondent's Contact Information:** *(Or the lawyer's, if represented.)*
  Street Address: _____
  City: _____ State: _____ Zip: _____
  Phone Number: _____.

- **This Respondent:** *(Check one)* ☐ does | ☐ does not - have a lawyer.

- **Lawyer Name:** *(if any)* _____.
  Registration Number: _____.
  Name of Law Firm: _____.

3) Name of Additional Respondent: *(if any)* _____.
(Often the insurance company in Worker's Comp. cases).

- **Respondent's Contact Information:** *(Or the lawyer's, if represented.)*
  Street Address: _____
  City: _____ State: _____ Zip: _____
  Phone Number: _____.

- **This Respondent:** *(Check one)* ☐ does | ☐ does not - have a lawyer.

- **Lawyer Name:** *(if any)* _____.
  Registration Number: _____.
  Name of Law Firm: _____.

5. Attachments

1) A complete copy of the ICAO final order.

6. Copies Delivered

I certify that on *(date)* _____, I *(check one)*

☐ mailed | ☐ hand delivered

a copy of this document to each of the following:

1) ICAO
PO Box 18291
Denver, CO 80218

2) Div. of Unemployment Ins.
251 East 12th Avenue
Denver, CO 80203-2202

3) Colorado Attorney General
1300 Broadway, 6th Floor
Denver, Colorado 80203

4) Respondent: _____
Your former employer (or employee, if you are the employer).

Lawyer Name *(if any)*: _____

Street Address: _____

City: _____ State: _____ Zip: _____

5) Respondent: _____
If any (often the insurance company in Worker's Comp. cases).

Lawyer Name *(if any)*: _____

Street Address: _____

City: _____ State: _____ Zip: _____

7. Signature & Date

Signature: _____ Date: _____