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 18932
Denver, CO 80218

2) Div. of Unemployment Ins.
707 17th Street
Denver, CO 80202

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: _____