Colorado Court of Appeals 2 East 14th Avenue Denver, CO 80203	
Appeal from: Industrial Claim Appeals Office (ICAO) Docket/Case Number: _____	
Petitioner: _____, v. Respondents: Industrial Claim Appeals Office, and _____ _____	▲ FOR COURT USE ▲
Filing Party Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ E-Mail: _____	Court of Appeals Case Number: _____
Notice of Appeal	

I. Final Order on Appeal

I am appealing the Industrial Claim Appeals Office final order which was mailed on (date) _____.

II. Case Background

In one page or less, give the court a brief description of this case and why you are appealing:

III. Advisory Issues on Appeal

List the questions you want the Court of Appeals to decide. These are often called the Issues on Appeal.

IV. Lawyer or Party Information

1. The lawyer for the ICAO is the Colorado Attorney General

   Ralph L Carr Colorado Judicial Center
   1300 Broadway, 6th Floor
   Denver, Colorado 80203
   720-528-6000

2. Claimant name: _____

   The claimant {☐ does}, or {☐ does not} have an attorney.

   Attorney contact information (or claimant's if no attorney):

   Name of attorney (if any): _____

   Registration number (if any): _____

   Street address: _____

   City: _____ State: _____ Zip: _____

   Phone number: _____

   E-Mail address: _____

3. Employer name: _____

The employer {☐ does}, or {☐ does not} have an attorney.

Attorney contact information (or employer's if no attorney):

Name of attorney (if any): _____

Registration number (if any): _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

E-Mail address: _____

4. Any Other Party's name (if any): _____

☐ Check here if this party's attorney is the same as the employer's.

Attorney contact information (if different from employer's attorney):

Name: _____

Registration number: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

E-Mail address: _____

V. Attachments

1. The ICAO final order, including the "Certificate of Mailing" page.

Dated: _____ Respectfully submitted,

Signature: _____

Print Name: _____

Certificate of Service

I certify that on (date) _____,

I {☐ mailed}, or {☐ hand delivered}

this Notice of Appeal 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 P.O. Box 18932
Denver, CO 80218

(Unemployment Benefits Cases Only)
Division of Unemployment Insurance
707 17th Street
Denver, CO 80202

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

Respondent (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: _____