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

Opening Brief

Certificate of Compliance

I certify that this brief complies with the requirements of Colorado Appellate Rules (C.A.R.) 28 and 32. Including:

Word Limits: My brief has _____ **words**, which is not more than the 9,500 word limit.

Included Sections: This brief has the following subsections for each Issue on Appeal:

The Standard of Review: I discuss which Standard of Review should be used to evaluate that issue.

Preservation: I discuss if that issue was preserved for appeal. I cite to the page in the Record on Appeal where I raised this issue before the agency, and I cite to where the agency decided that issue.

I understand that my brief may be rejected if I fail to comply with these rules.

_____

Signature of the Petitioner

Issue 1: _____

A. Standard of Review:

B. Preservation on Appeal:

C. Law:

D. Facts:

E. Discussion:

F. Conclusion:

Issue 2: _____

A. Standard of Review:

B. Preservation on Appeal:

C. Law:

D. Facts:

E. Discussion:

F. Conclusion:

{Repeat sections A-F for each additional issue}

Conclusion

Dated: _____

Respectfully submitted,

Signature: _____
Petitioner

Certificate of Service

I certify that on (date) _____,

I {☐ mailed}, or {☐ hand delivered}

this Opening Brief 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

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: _____

Petitioner