

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 12 th Avenue Denver, CO 80203-2202 | 3) Colorado Attorney General 1300 Broadway, 6 th 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: _____