

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

### 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, 6<sup>th</sup> 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 633 17<sup>th</sup> St., Suite 200  
Denver, CO 80202-3660

(Unemployment Benefits Cases Only)  
Division of Unemployment Insurance  
251 East 12<sup>th</sup> Avenue  
Denver, CO 80203-2202

Colorado Attorney General  
1300 Broadway, 6<sup>th</sup> 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: \_\_\_\_\_