Colorado Court of Appeals			
2 East 14 <sup>th</sup> Avenue			
Denver, CO 80203			
Petitioner:			
v.  Respondents:  1) Industrial Claim Appeals Office (ICAO), and  2)	FOR COURT USE A  ICAO Docket or Case  Number:		
My Name: Street Address:	Court of Appeals Case		
City: State: Zip:	Number:		
Phone:	(Leave Blank)		
Email:			
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)  $\frac{}{}$  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)	Lawye	r for the ICAO: Colorado Attorney General
	130	00 Broadway, 6 <sup>th</sup> Floor
	De	enver, Colorado 80203
2)	Name	of Respondent:
		Your former employer (or employee, if you are the employer).
	0	Respondent's Contact Information: (Or the lawyer's, if represented.)
		Street Address:
		City: State: Zip:
		Phone Number:
	0	This Respondent: (Check one)
	0	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).
	0	Respondent's Contact Information: (Or the lawyer's, if represented.)
		Street Address:
		City: State: Zip:
		Phone Number:
	0	This Respondent: (Check one)
	0	Lawyer Name: (if any)
		Registration Number:
		Nama of Laxy 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:
PO Box 18291	Div. of Unemployment Ins. 3) Colorado Attorney General 251 East 12 <sup>th</sup> Avenue 1300 Broadway, 6 <sup>th</sup> Floor Denver, CO 80203-2202 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).
Street Address:	
City:	State: Zip:
Signature & Date	
Signature:	Date:

7.