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| Colorado Court of Appeals  2 East 14th Avenue  Denver, CO 80203  Appeal from:  Industrial Claim Appeals Office (ICAO)  Docket/Case Number: {Insert Case Number}  Petitioner: {Enter Your Name},  v.  Respondents: Industrial Claim Appeals Office, and {Enter Names of Other Parties to the Case}  Filing Party: {Enter Your Name}  Address: {Enter Street Address}  {Enter City}, {Enter State} {Enter Zip}  Phone: {Enter Phone Number with Area Code}  E-Mail: {Enter E-Mail Address} | ⮙ FOR COURT USE ⮙  Court of Appeals  Case Number: {Enter 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 **{Insert the Number of Words} 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: {State your issue}

1. Standard of Review:
2. Preservation on Appeal:
3. Law:
4. Facts:
5. Discussion:
6. Conclusion:

Issue 2: {State your next issue}

1. Standard of Review:
2. Preservation on Appeal:
3. Law:
4. Facts:
5. Discussion:
6. Conclusion:

{Repeat sections A-F for each additional issue}

**Conclusion**

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respectfully submitted,

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Petitioner

Certificate of Service

I certify that on {Enter Date} I { mailed}, or { hand delivered} the Opening Brief to the people listed below:

(Every party in the case must be sent a copy. If a party has a lawyer, send the copy to the lawyer)

Industrial Claim Appeals Office

633 17th St., Suite 600

Denver, CO 80202-3660

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