

Colorado Court of Appeals 2 East 14 th Avenue Denver, CO 80203	
<hr/> Appeal from: Industrial Claim Appeals Office (ICAO) Division of Unemployment Insurance Docket/Case Number: _____	
<hr/> Petitioner: _____, v. Respondents: Industrial Claim Appeals Office, and _____	<p style="text-align: center;">▲ FOR COURT USE ▲</p> <hr/>
<hr/> Petitioner Name: _____ Street Address: _____ City: _____ State: _____ Zip: _____ Phone: _____ E-Mail: _____	Court of Appeals Case Number: _____
Combined Notice of Appeal and Opening Brief	

(I understand that this Notice of Appeal will serve as my Opening Brief and that I will not be filing a separate Opening Brief.)

I. Final Order on Appeal

I am appealing the Industrial Claim Appeals Office final order which was mailed on (date) _____.

II. Arguments on Appeal

Make your arguments for how the ICAO erred in its decision and why the Court of Appeals may change the ICAO decision in your favor. Attach additional pages as needed.

III. Lawyer or Party Information

1. The petitioner does not have an attorney.
2. The lawyer for the ICAO is the Colorado Attorney General
1300 Broadway, 6th Floor
Denver, Colorado 80203
720-528-6000

3. Respondent: _____

The Respondent { does }, or { does not } have an attorney.

Attorney contact information (or respondent's if no attorney):

Name of attorney (if any): _____

Registration number (if any): _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone number: _____

E-Mail address: _____

Space for other Respondents, if any:

IV. 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 Combined Notice of Appeal & 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

633 17th St., Suite 200
Denver, CO 80202-3660

Division of Unemployment Insurance

251 East 12th Avenue
Denver, CO 80203-2202

Colorado Attorney General

1300 Broadway, 6th Floor
Denver, Colorado 80203

Respondent: _____

(For example, the employer if you are the claimant, or the claimant if you are the employer.)

Name of Person Served: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Space for other parties served:

Signature: _____

Print Name: _____